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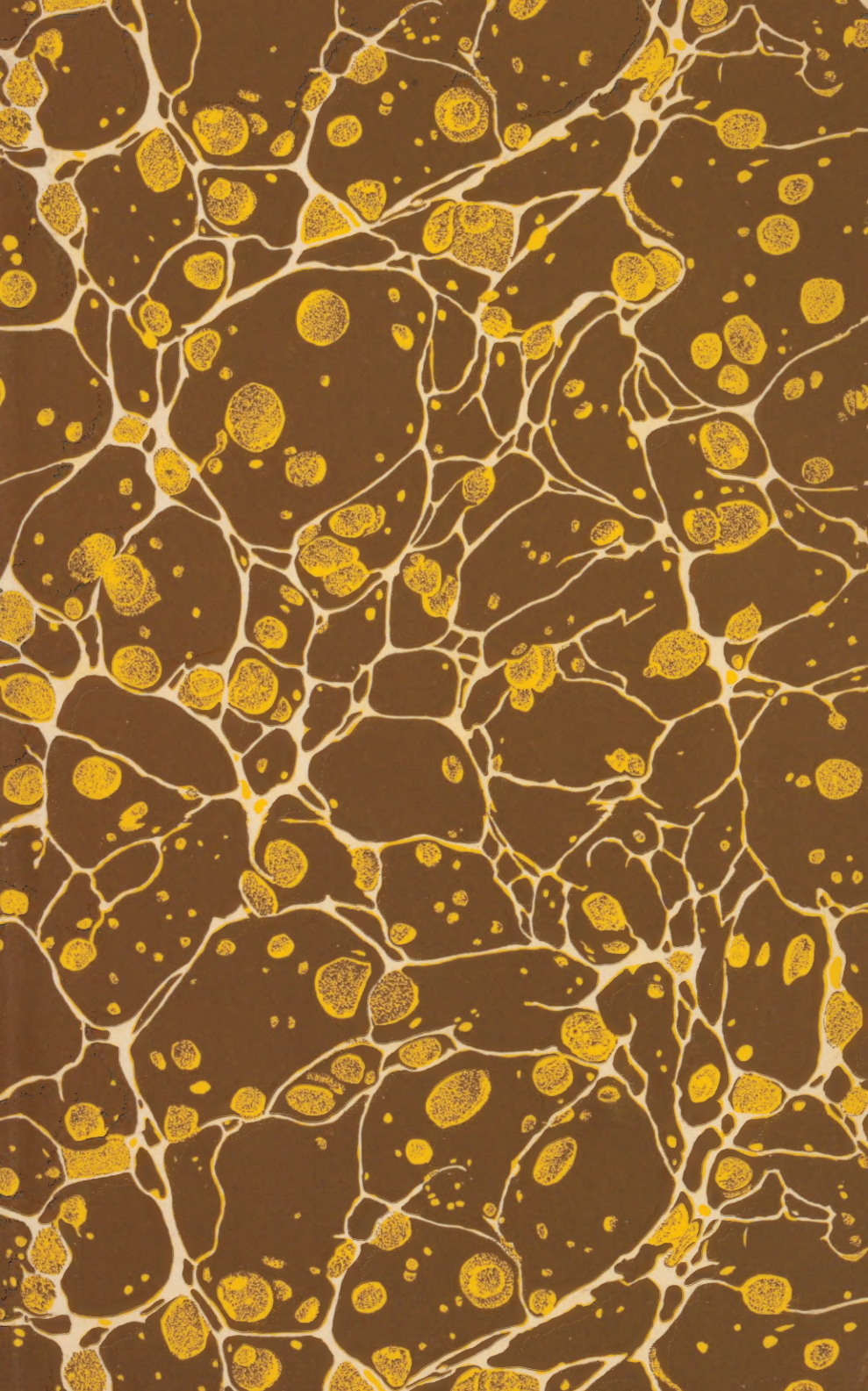


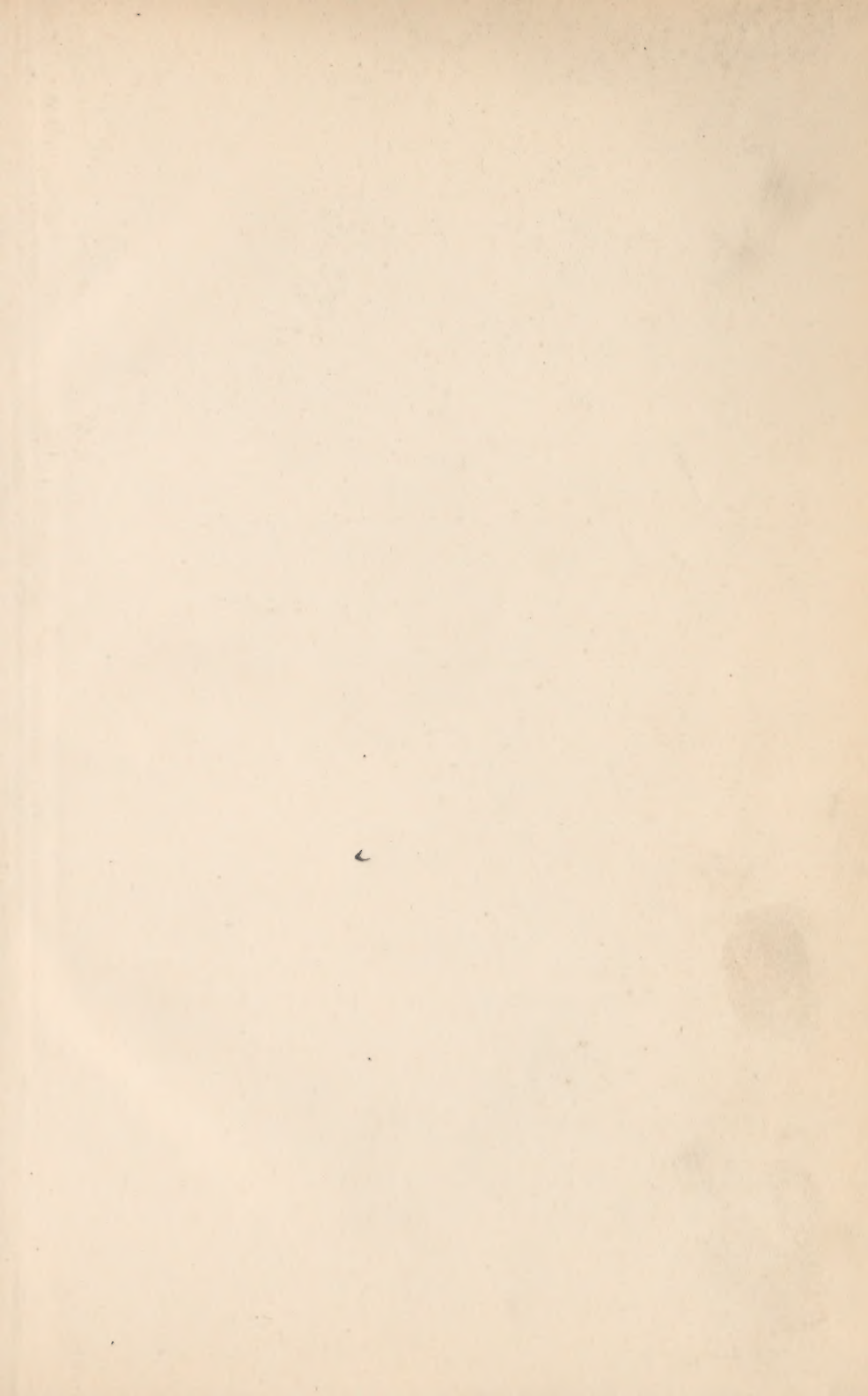
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Medical Record

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A Monthly Journal of Medicine and Surgery.

EDITOR AND PROPRIETOR:

H. HARALSON, M. D.,

BILOXI, MISS.

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MEDICAL THERAPEUTICS.

Kamnia.—The name itself suggests its, and what its remedial character is:—Anti (*Latin*), opposed to; Kam-
(ek), pain—ergo a remedy to relieve suffering, and the great amount of since it was first introduced, has fixed the propriety of the name.

Of all headaches yield to its cure—and since in this class of disease pain is not only a symptom but the disease, antikamnia may be regarded as the specific treatment

in the administration of remedies to relieve pain, the element of exhilaration should be considered, as many produce such delightful sensations as to make them alluring and dangerous to use. Such is not the case with antikamnia. It is simply a pain reliever—not a stimulant, not an intoxicant, not disposed to arouse day dreams and lift one away from the caring cares of life. It carries with it only rest, only tranquil nerves, only absence of pain, and relief comes quickly and gently.

The dose for adults, which always gives relief in severe headaches, especially those of mothers, teachers and nurses, caused from anxiety or mental strain, is two tablets, washed, followed with a swallow of water or

It is the remedy for neuralgia and

ins peculiar to women at time
two tablets taken with a little

hot toddy or without if objected to, invariably relieves.

The five grain antikamnia tablets, each bearing the A K monogram are recognized as the most approved form for taking. This on account of their convenience and accuracy, is the form in which it is now mostly used. A dozen five grain tablets kept about the house will always be welcome in time of pain.

Pain About the Teeth.—In the *International Dental Journal* Dr. E. C. Briggs, of Boston, says that he is opposed to dentists going very much into the constitutional treatment of their patients, although drugs have to be used not only locally, but internally at times. In cases where a tooth has been filled and the patient is threatened with some pain about the root of the tooth it is often necessary to prescribe a pain reliever. In many of these cases where it is impossible to do anything surgically, a great deal can be done for patients by giving them some medicine; and the pain reliever which has proven to be not only safe, but of really great value and which has given the author marked success, is antikamnia. It is safe and very reliable in cases of the kind mentioned, especially as it has no depressing effect on the heart. A dose of ten grains will relieve and stop pain about the facial nerves.

—N. Y. Medical Journal.

MEDICAL RECORD — OF — MISSISSIPPI.

VOL. I.

APRIL, 1897.

No. 1.

Original Articles.

Some Dont's and Some Do's in the Management of Sick Children.

By P. W. ROWLAND, M. D., COFFEENVILLE, MISS., EX-PRESIDENT AND MEMBER OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION, MEMBER OF THE AMERICAN MEDICAL ASSOCIATION AND OF THE TRI-STATE MEDICAL ASSOCIATION OF THE STATES OF MISSISSIPPI, ARKANSAS AND TENNESSEE, ETC.

The writer has no apology to offer for the title of his paper. In his experience in handling the little ones, and in ministering to their sufferings, he has learned, to some extent, at least, the importance of knowing when to don't and when to do.

Our children are extremely susceptible to all kinds of influences, "like wax to receive impressions, but like clay to retain them." The man, particularly the physician, who is not conscious of this truth, and who does not recognize it in his association with them, and in his treatment and management of them when sick, is a failure, not only in his conception of what must be his duty as a conscientious physician, but also in his practical application of remedies to their relief.

The doctor's influence in moulding the character and in shaping the moral trend of the future in his little patients is not to be despised, and he who is so fortunate as to win the respect, love and confidence of the little ones to whose sufferings he ministers in his daily rounds is to be envied.

It is unfortunately the case, though true, that our children look upon "the doctor" as an object to be dreaded; an animal of a peculiar species, who prowls around with his nasty powders,

his big pills and his keen knife, seeking some helpless innocent to destroy. And when it does become necessary to visit them in their sickness, it not unfrequently happens that he has an animal closely akin to the cat family on his hands. Nature is our great conservator, but she had nothing whatever to do with inspiring this abhorrence of the doctor in the minds of the children. We are not all rough, uncouth and unprepossessing (many mothers of the little fellows would perchance willingly testify to that as a fact), hence why this abhorrence. These same good mothers are to blame. It is a habit with them to threaten their children when sick and fretful with the presence of the doctor and his pill bags, they encourage the child in the belief that every dose of medicine is "nasty and mean," and that the doctor is cruel to give such bad medicine. On the other hand, when giving the medicines themselves they tell the child that it is good, hoping thus to induce him to take what in reality is anything but good to the taste. Deceitful themselves and teaching deceit to their children. They resort to that abominable habit of buying the child with this and that promise, of paying him money to take a dose of medicine, or to allow himself to be touched by the doctor.

The mother should not be allowed to make the impression in this way upon the child that you are a "destroying angel." She must be made to understand that, for the time being, we know more about what is necessary for the good of her child than she does. A sick child, yelling and struggling, and a weak mother, crying and begging the doctor not to hurt her child, is an abomination, and 'tis very little good that he can do with his drugs.

We must have them understand that we can not be successful in the treatment of their sick children until we get their respect, their love and their entire confidence, and the children must be taught that the doctor is their very best friend, always ready to soothe their pain, and always glad to see them bright, happy and obedient. We must insist upon being given, for the time being, at least, absolute control of the little patient, and no meddling from the good neighbor must be allowed. She means well but she does harm. Sometimes she boasts of having raised eight children by allowing them to have "anything they craved," and forgets to say something about the other eight who died under the same conditions. She very frequently will insist, (particularly if the doctor happens to be a young man,) that she is capable of treating any disease of childhood, and being a mother

she ought to know more about children than the doctor who is not a father.

The physician must, in the sick room, be absolute master or get out. If his wisdom, gained from years of experience in his personal contact with disease, from association with his fellows, and an earnest study of the problems of life and death that come to him in his daily observation, is worth anything, he must, in dealing with children, have it understood that their diseases can be as perfectly diagnosed and as intelligently treated as can the disease of adult life. In fact they are more easily diagnosed, and they yield more readily to treatment, are less liable to complications and pursue a more natural course. The effect of remedies can be much more accurately determined. The functions of the different organs, both secretory and excretory, more nearly approach the physiological standard.

I have learned that deviations from the normal condition (they are not diseases), particularly in very young children, do not always call for medicine for their relief. For instance, infantile diarrhoea in nursing babies is, we may be sure, nearly always caused by something abnormal in the mother's milk, *i. e.*, an excess of fat, too much proteids, or some other departure from the normal standard. A few pointed directions to the mother as to diet and exercise on her part, will always bring about relief. It is true that a deviation from the normal standard does not always bring about an abnormal condition in the child, but it is also true that when these troubles do occur, the cause can be found and corrected by the proper attention to the milk supply. Later on, after the period of lactation, they are caused by errors in diet, and diligent search will reveal the offending cause, and a change or a withdrawal bring relief.

Our mothers must be taught that the foundation for future dyspepsias and other conditions of malnutrition, is laid by errors and carelessness in dieting their children before the age of two years, and they must also be taught to believe that under normal conditions of diet and environment they will pass through the period of dentition without any trouble whatever; for dentition is purely a physiological process, and under normal conditions will never give rise to morbid processes.

At least seventy-five per cent., probably more, of children under the age of 3 years, suffer from dyspeptic and respiratory troubles. Bronchitis is common, broncho-pneumonia also, and

if the physician has learned to treat these troubles successfully he may be sure that his practice among the children will rapidly increase.

In no disease of childhood does proper treatment give such satisfactory results as in bronchitis and broncho-pneumonia. The diagnosis is easily made and the stages are well marked. If the physician could always see his little patient in the first stage of bronchitis I am sure there would be fewer cases of broncho-pneumonia to treat. Nature points out the way to resolution and we have but to follow her directions. In the first stage of a bronchitis then, I would not, as a great many do, prescribe opium for this reason. In this stage (the dry stage) we have a dry throat, dry bronchial tubes, a dry nasal mucous membrane, and a dry skin. If let entirely alone, nature, in her effort to effect a cure will bring about the second or moist stage; hence we should use those drugs which will the more readily and quickly assist nature in bringing about this stage. Many physicians use aconite, and it is unquestionably a valuable drug, but *only* in the *first* or *dry* stage, but as before remarked, it is very seldom that we are called thus early. So in most of the cases which we see the time for the use of aconite is passed, and the proper thing to do is to complete the efforts of nature in bringing about active secretion of skin, bronchial tubes and nasal mucous membrane. In this stage and also in the first there is no better drug than muriate of ammonia; it is just as valuable here as is quinine in malaria. The nightly foot bath is very useful; the skin should be kept active by the use of a diaphoretic. I am strongly in favor of counter irritation, but not by the cantharidal blister. I have never yet seen a case in which blistering a small child with cantharides did any good, but I have seen them do harm. A child with a respiratory disease should at all times be kept as quiet as possible; the blister is too irritating, it keeps them fretting and is too great an excitant. My method is simple, easy of application, the child likes it, and to my mind it does more to relieve the little fellows than our medicine. A piece of absorbent lint, wide enough to reach from lower border of ribs to arm pits, and long enough to go entirely around the body, twenty to thirty grains of mustard to the ounce of vaseline, spread thinly, and well rubbed in the lint, and placed around the child's body, with strips over the shoulders to hold in position, and this covered with a second piece of lint—dry.

The salve must be renewed every twenty-four hours or oftener, if too dry. The skin will be kept a bright red, and the child will not fret in the least.

Some Suggestions Regarding Lacerated Perineii, Sequelae, and Treatment.

By J. A. CRISLER, B. Sc. M. D., CANTON, MISS.

With a just appreciation of the honor of writing a short article for "THE MEDICAL RECORD OF MISSISSIPPI," I am none the less alive to the delicacy of the task assigned. Kindly greetings and sharp criticisms alike await its first issue. Happy is he who can speed without hampering its first uncertain steps, so that its introduction among its godfathers of the state, may be fruitful of good; that it be directed and advanced in proper channels, and the bright auspices of its first appearance be prophetic of its future, rich in its benefaction to the profession—an enduring medium of fraternal interchange of ideas, particularly among Mississippi Doctors.

It is with no misgivings that we give it our hearty *bene rer tat*. Under the brain that inspired and the hand that put it forth we feel its future is assured. *Esto perpetuer*.

In this day of advancing science when the medical ranks teem with men forever on the alert, and scanning the heavens for light—justly disdaining vague theoretical ideas—condemning old dogmas athirst for original, independent and exact demonstrations—the selection of a theme from which to offer "food for thought" is in itself no trifling *desideratum*. Therefore, in discussing the subject of Lacerated Perineii, I can only hope to refer to a few conditions that are not faultlessly settled, and intensify certain facts long since conclusively fixed.

I have deemed it unnecessary to classify the various degrees of laceration of the perineum, since it is our purpose to note most especially the conditions resulting from neglected cases. The woman with the rectocele—the prolapsed uterus, the cystocele and the torn sphincter ani—is the woman who more often applies for treatment. Indeed there is scarcely an accoucheur nowadays who fails to repair the recent cases, *ero instantia*, and usually with good results, except in cases where there are contusions of

so serious a nature as to predispose to sloughs, or where the tear extends through the sphincter ani, well up the anterior wall of the rectum. In these latter conditions the ends of the retracted sphincter are rarely sufficiently and carefully approximated to insure success. However sufficient the repair process, as regards the support to the uterus and appendages, no operation can be a success that does not afford the patient control of the sphincter ani.

There is, unfortunately, another condition that is most frequently burdensome. I refer to the more or less complete separations of the perineal body without the giving away of the mucous membrane or skin. This last condition is very hard indeed to differentiate from the relaxed and paralyzed conditions of the perineum so often following hard labors, and it very frequently happens that we are not apprized of the extent of the injury until the sagging of the pelvic viscera helps to show us where the trouble lies, months after. I have in mind now a case, upon which we operated, that very beautifully typified this condition. It was a case, of old standing, in which there was complete separation of the perineal body down to the sphincter. This patient came to get advice for "falling of the womb" and had never even suspected that she had a laceration, nor had there ever been the slightest abrasion of the mucous membrane, or skin: yet the rectal wall and anterior fibres of the sphincter muscles and the mucous membrane were the only obstacles between the vagina and rectum.

Just here I will mention what is to me a singular fact — that is fewest women ever recognized a lacerated perineum in themselves, unless the sphincter has been impaired so as to cause a loss of control over the bowels. Whether from delicacy or want of proper anatomical knowledge of herself, I do not know, but as a rule a woman knows less about her vagina, than about any other organ in her body, which fact in itself allows a development of a chain of evil, and serious complications from a very simple but neglected laceration.

The recognized simplicity of perineal operations causes more than one Doctor to fail to perform successful operations on that body. The whole energy seems bent on the very necessary procedure of removing all the cicatricial tissue — after this is done we frequently feel that the most important step has been taken,

and very carelessly apply the sutures—indeed some authorities claim that good union can be had from one or two sutures.

While this is, doubtless, sometimes the case, I have never been so fortunate. I prefer a goodly number of sutures in order to hold the two vivified edges in close contact, so that there may be an inflammatory adhesion between the muscles themselves, and not merely of the loose areolar and cellular tissues, that invariably yield sooner or later to the weight from above, and leaves the patient in the same condition as before except for the absence of scar tissue. It is a fact that a great many otherwise good operators pronounce their operations, on the perineum, a success, when a much later investigation would surprise them, by showing the two sides of the body still separated, with loose cellular tissue intervening, and a united skin and mucous membrane over all, with no muscular union whatsoever. This fact I say can only be attributed to the carelessness engendered by the utter simplicity of the operation, and surely not from a lack of anatomical knowledge, nor a dim perception of inflammatory laws.

The moral of this to me is to use plenty of clean aseptic sutures. Pass them not alone in the loose connective tissue, but well into the muscular substance, of course, carefully avoiding the rectum. Then grasping the ends of the suture to be tied, make a pull upward, that will insure the drawing of the muscle together, after which, tie securely though not tight enough to cut, always tying the knot outside the expected line of union. I will mention that in dissecting the cicatricial tissue it is best not to remove it, but to turn it up, flap like, high into the cavity of the vagina, and having an assistant to hold it well up out of place until the upper suturing is completed. This flap acts as a safeguard against the infection of the line of union from whatever discharges that happen to trickle down from the uterus as well as a protector from urine.

There are other things to consider preparatory to operating on the perineum, especially if the laceration is of long standing.

The first of importance is the prolapsed uterus. This organ is undoubtedly dependent, in part, on the pelvic floor for support (although there are diversities of opinion on the point) and unless fixed by adhesions or prevented by some mechanical obstruction, will sooner or later descend, dragging with it the appendages toward the os vaginae; the further its descent the heavier and more congested it becomes, not infrequently stretching its supports to

such an extent that an operation, such as shortening the round ligaments is necessary before it can ever be kept in place, albeit the perineum has been restored.

Hence it is necessary to deplete the uterus by curettage, gauge packings, glycerine tampons, hot water douches, and rest in the recumbent posture for several days prior to the perineorrhaphy.

Rectocele is another result that invariably follows a laceration of long standing, even when the sphincter is intact. In absence of support the bowel gradually sags forward until interrupted by the prolapsed uterus or a cystocele, or may even protrude through the labia.

One of the best methods of dealing with this condition is what is known as Hegar's colpo-perineorrhaphy. In this case the denudation is carried far beyond the usual limit of cicatricial tissue high upon the posterior wall of the vagina. After uniting the edges, the protrusion of the anterior wall of the rectum is obliterated. When cystocele exists, this is dealt with by removing a button hole piece of vaginal mucous membrane, Stoltz' operation, (the size being in keeping with the extent of cystic prolapse) and the edges drawn together with a continuous suture like the mouth of a tobacco pouch. Except in cases of laceration of the rectal wall, I always prefer silk worm gut sutures, as they are nicest to tie and easiest to remove, and are never saturated with secretions.

As an anæsthetic, cocaine is here very satisfactory. I have used it dozens of times in all classes of conditions, resulting from neglected lacerated perineii, with the happiest results, and without an unpleasant symptom worthy of mention.

After the operation is completed I always cover the sutured area with sterilized vaseline, preferring this to any sort of gauze for a protective, it being not only a safe barrier against infection from without, but it is also impervious to the discharges guarding against any infection that might come from the uterus or bladder. It also keeps the parts soft, and prevents that frequently troublesome pruritus.

I never require a patient who has recently undergone this operation to turn on her face and abdomen in bed to urinate, but instead, caution her or the nurse to anoint the parts thoroughly with vaseline each time before urinating and then allow her to use the vessel in the natural position, which procedure almost dispenses with the use of a catheter.

Notes of Some Cases of Asphyxia of the New Born.

BY D. S. HUMPHREYS, M. D., ERWIN, MISS.

CASE I.—Mrs. J., 25 years old, nulla parous. Labor began at 3 p. m., head in first position, soft parts rigid, pelvis roomy. First stage prolonged, membrane not rupturing until 2 a. m. Pains in second stage were very strong and at very short intervals. This stage lasted four and a half hours when a large boy, apparently dead, was born. Its face was swollen and its entire body of a dark livid color. It made no efforts at respiration. Cord was cut and a tablespoonful or more of dark blood was allowed to flow from it before it was tied. Then Sylvester's method of artificial respiration was kept up for one hour. Mean-time sundry stimulants were applied to cutaneous surfaces, such as alternate dipping into hot and cold water, whiskey, etc. Action of heart kept up for fifteen minutes. Before any efforts at artificial respiration were made the child's body was inverted when a thick viscid fluid escaped from its nose. This child at no time made any effort to breathe.

CASE II.—Mrs. G., 20 years old, nulla parous, very nervous. Was seen several hours after membranes had ruptured. Child in first position, soft parts unrelaxed. Second stage lasted about seven hours. The child was a dark livid color and apparently dead, making no effort to breathe. Treatment same as first case. Hasty separation of child, allowing about an ounce of blood to flow from cord before tying it. Inversion of child to facilitate flow of fluids from nasal cavity. Sylvester's method of artificial respiration and shocks to cutaneous surfaces. Baby began to breathe in thirty-five minutes, very irregularly at first but naturally in an hour.

CASE III.—Mrs. W., aged 35, seventh pregnancy. First position, marginal placenta prævia. At beginning of ninth month, suddenly without warning, pain or appreciable contractions, and while the patient was quietly lying in bed there came a gush of blood which was estimated by patient to be about one pint. Upon examination marginal placenta prævia was discovered. Counsel was asked for when it was decided that as head was well down and the detached part of placenta was alone in advance, and hæmorrhage stopped, we would not interfere. On following afternoon there began a slight oozing of

blood with premonitory pains. Contractions rapidly increased, the amnion ruptured and the second stage lasted three hours, during which time there being no hemorrhage and pulse good no efforts to hasten delivery were made. When child was born a hand over uterus elicited the fact that that organ was firmly contracted (the placenta followed the child directly), but the infant made no effort to breathe. It was blue as indigo. Precisely the same treatment was instituted as in previous cases and child began to breathe in forty minutes, but the respiration was accompanied with a very audible sigh for more than two hours.

In these cases the asphyxia was caused doubtless by the firm contractions of the uterus during a more or less prolonged second stage.

We should not get this form of asphyxia confused with that where the child is pallid, its muscles flaccid and its heart action almost *nil*. This condition is due to pressure on child's head whilst in the bony pelvis. The prognosis in these cases is extremely unfavorable and the indications for treatment are different from those in cases cited.

CONCLUSION.—Prolong first stage of labor by postponing as long as possible rupturing the amnion, then hasten the second stage. These are preventives. If child is livid do not despair of the establishment of respiration finally, if the blood can be oxygenated. To accomplish this, clear out the air passages and persist in artificial respiration after allowing an ounce or more, if necessary, of the dark impure blood to flow from the navel before the cord is tied. In the first case cited it is likely not enough blood was allowed to flow away. Facilitate the clearing of the air passages by inverting the child, face downward.

These cases are consecutive occurring within the month, the last two within the week.

Gastric Ulcer and Gastric Fibroid Complicating Each Other, or, Occurring as Intercurrent Diseases in the Same Patient.

By J. T. B. BERRY, M. D., BRANDON, MISS.

On the 10th of May, 1896, W. K., farmer, aged 50 years, called at my office and applied for treatment for what he called "indigestion." Gave following history: Usual weight, 190

pounds; present weight, 165 pounds; was not a glutton, but was a hearty eater and a hard worker.

He was doing his usual work but his gradual loss of weight and persistent "indigestion" was beginning to alarm him; had experienced some difficulty in deglutition for some months. Described it as a choking feeling when he would swallow anything. While this did not cause any pain and did not prevent his swallowing any kind of food it did cause some inconvenience and very unpleasant sensations.

There was, however, another set of symptoms which seemed to have little, if any, connection with the difficulty of swallowing. Soon after taking his meals he would be troubled with eructations, sometimes only of gas, sometimes of small quantities of food, but nearly always, more or less, of a thick mucilaginous fluid. There was no pain, no blood.

A careful physical examination was made. No enlargement or tenderness about the cardiac end of stomach could be discovered. No enlargement, but very slight tenderness could be found to exist about the pylorus. The diagnosis was, stricture of the esophageal end and simple ulcer of the pyloric end of stomach.

The symptoms referable to the stricture remained statu quo, while those referable to the ulcer gradually grew worse. The quantity of ropy, mucilaginous fluid thrown off increased; food was more and more ejected until some time in December, six months after I first saw him, there was almost no food retained. Even water in the smallest quantity could not be retained. From this time until his death, which occurred in about one month, he was nourished almost exclusively by rectal alimentation. During the last four or five weeks he could swallow food but his stomach seemed utterly unable to digest it or to pass it through the pylorus in any quantity or of any quality. Blood was vomited only two or three times and then in very small quantity. He died in January, 1897, of sheer inanition. Never did complain of pain.

Autopsy revealed the existence of a fibroid growth about the size of a guinea egg encircling the cardiac end of stomach, the major portion of it being in the inferior or convex wall, while that portion being in the upper or concave wall was a mere thickening of the walls. The constriction caused by this growth

was sufficient to cause considerable inconvenience but not sufficient to prevent the passage of solid food.

At the other end an entirely different condition was found. There, an ulcer was found encircling the pyloric end and extending into the bowel for three or four inches. At one point in the stomach the tissues had sloughed away until only the serous coat seemed to be left. It was as thin as an ordinary piece of wrapping paper. I think a perforation would soon have occurred had the patient lived a few days longer.

The stomach contained quite a quantity of the thick, ropy fluid. The entire mucous membrane was inflamed, the inflammation around the ulcer being more intense and gradually fading away toward the cardiac end. Now, the questions which puzzle me, are: What was the relation of these two lesions? Was either the cause of the other?

Intestinal Indigestion of Children.*

By J. C. BALLARD, M. D., NATCHEZ, MISS.

The term indigestion is so commonly used to denote gastric indigestion, that we frequently forget that the stomach plays but a small part in the digestion and assimilation of the foods necessary to prolong the life of the organism. By far the most important part of this wonderfully complex process takes place below the pylorus. Being so inaccessible, we experience more difficulty in diagnosis, and it is almost impossible to apply a remedy unchanged to the duodenal mucous membrane.

We can study stomach digestion with ease, and thoroughly. It is perfectly understood, and its irregularities easily treated. With our test meals, lavage, etc., we can trace out a cause, and the therapy of dyspepsia becomes merely a matter of science, in the adult patients. But with the little ones it is another thing. They are cast in a finer mold than their grown up brothers and sisters, and their little frames cannot bear what age will make easy. The little nerves starving for proper nourishment, twinge with pain, and the child is not comfortable. It becomes irritable, is dosed, teaed, dieted, etc., till kind na-

*Read before the State Medical Association, at Vicksburg, April 17, 1896.

ture no longer able to bear the abuse, removes it from a world of pain.

Child life is the period of growth. Not only must the wear and tear of life be made up, but the body must grow. All the organs must be developed; bones, sinews, muscles, and nerves must be made, not kept in repair. To do this, there must be a certain amount of food, containing the elemental substances, and this food must be properly digested and assimilated.

The ACUTE form will receive attention first, though it is not more often seen than the chronic. In fact the chronic often follows the acute, and its existence leads us to suspect the precedence of the other form.

CAUSES: The first and most common cause is improper food, and too much good food. The gastric juice expends its force upon the albuminoids, and if the stomach be overloaded, a large portion of the food passes into the duodenum unchanged. There it ferments, and acts as a foreign body, then as an irritant, which nature at once endeavors to get rid of. Diarrhœa, with the passage of masses of undigested food, is the natural result. Another cause, is artificial food containing a large amount of cane sugar. One of the most frequent causes, and also rarest mentioned, is pneumonia. I have never seen this referred to by a medical writer, but so often have I seen a child recovering from an attack of broncho-pneumonia, develop this trouble in its acute form, and endanger its life. This can be attributed to the fact that the child swallows its sputum, and this being loaded with bacteria sets up an acute inflammation throughout the alimentary canal.

Another cause seems to be weakness. A child recovering from any of the acute infectious diseases, is especially liable to bowel troubles. Some children inherit a weak digestion, and to be born with an inability to properly assimilate their food. They frequently outgrow it. It is most common among the ill-cared children of the poor, and among the negroes; the latter are the easier to treat, as their power of recuperation seems to be greater than the whites. Poor clothing is frequently a predisposing condition, and for the same reason mentioned in my remark on pneumonia. A child too thinly clad suffers with a cough, and swallows its expectoration, the sequel is easily seen. The same causes just mentioned, may and do bring about the chronic form. It usually follows the acute; the fever and

nausea pass away, the pain is eased, and the bowels checked. In a short time the character of the trouble has changed, and a mild acute form is chronic.

But there are cases of the chronic form that begin so gradually that before we are called to see the case, it is firmly established. These cases are extremely common in the hot months, though I do not think that they are caused by any special toxigenic germ.

SYMPTOMS: With the symptoms of the disease we are all familiar. In the acute form, restlessness, flatulency, pain in the abdomen, and frequently vomiting, are first noticed. Increased frequency of stool and pain or griping during the act, with a change in the character of the stools, should at once engage our attention. The stool rapidly becomes watery, and there is excessive thirst. After each discharge it is quiet and sleeps. The pain and griping return, the frequency of the pulse is increased; this kept up till another action relieves the sufferer. The temperature is elevated, but rarely stays so long. It is probably caused by the pain. With proper treatment the child will be well in three or four days at most. In the chronic form, when it does not follow the acute, the stools gradually become more frequent. The little one is not quiet as usual, sleeps badly, is restless and peevish. The bowels are often distended with flatus, and the discharges are offensive. Examinations of the napkins show the fat and caesin in unchanged lumps. As the disease progresses, the odor becomes decidedly putrid, and pus and red blood corpuscles can be seen with the microscope. In older children the stools may be putty-like in appearance. The child loses strength and weight daily, as a rule, but not always, and in some cases we find the appetite excellent throughout the course of the disease.

The stomach rarely becomes involved, and to this fact we attribute the remarkable strength shown by these little people. The most alarming symptom is a subnormal temperature. Should this persist, and the ankles become oedematous, death invariably follows.

The diagnosis is usually easy, but it is of prime importance that the physician examine every part of the child's anatomy. Do it carefully and systematically. In male children, always look out for phimosis; if this be present, circumcision will be your most valuable agent. Do not pay all your attention to the

bowels; some other constitutional disease may be present, and the failure of the digestion be directly caused by it. Another thing not to be overlooked, is that the weakened condition that is incident to the failure of the intestinal digestion, the child is especially liable to any infectious disease, and is illy prepared to stand the strain of the attack.

The treatment of the disease is all important. In its acute form it is best to forbid food for several hours, and then administer a gentle laxative. Castor oil is about the best thing we have, and is always convenient. After the laxative, I think that an opiate indicated, and there is nothing better than paregoric. There is one practice that I wish to notice in order to condemn it, that is the giving of pepsin during the first twenty-four or forty-eight hours; it is positively harmful. After ascertaining what food has been used, try to learn what is the most probable cause of the trouble, and interdict its use. After the first twelve hours, it is better to begin the use of bismuth. In some cases I use the subnitrate, but in others find the subgallate is preferable. Continue this for a few days, and with the corrected diet, your patient will recover. While we are not considering the subject of infant feeding, I may say here, that I have found Malted Milk one of the best and safest diets. Where it can not be procured the addition of a little of the extract of malt, or Maltine, to the food and milk used will be of marked benefit. If you will think a moment you will see the rationale of this treatment: the amyloids are thus digested entirely before they reach the duodenum, and thus starchy-fermentation is prevented.

The CHRONIC form gives us more trouble. Here it is imperative to know what food is the cause of the trouble, if the fault lie in the feeding. Even the mother's milk should go through the scrutiny. It may not contain all the life-giving qualities, and it may be affected by some disease of the mother. Or she may be pregnant, tuberculous, or syphilitic. In some cases she may be perfectly healthy, and yet not strong enough to give her milk the required power. In the artificially fed child, it is best to diminish the amount of food. This will give the stomach a needed rest, and it will more thoroughly prepare the food for the duodenum. Flushing the colon has been a most satisfactory treatment, when there is much griping, or where the lumps of food are hard, and of foul smell. It should be done

thoroughly and carefully. Be careful to teach the mother to do this without injury to the delicate rectal membranes.

In the matter of diet, I have been most successful in the use of malted milk. This may be due to the fact that few of my patients have cows, and are compelled to buy what is offered them in the wagons. As it has been shaken up for an hour in a tin or zinc vessel, and measured in unclean cups, I do not think it as safe as the malted milk. Pure cow's milk to which has been added a small amount of maltine, is probably the best food for these cases.

Now for the drugs needful: many have been tried, but few kept. The most satisfactory combination in my hands, has been a powder of lactopeptin and bismuth subgallate. Give the powder after feeding. Minute doses of *nux vomica* and Fowler's solution are useful as general tonics. If the child be inclined toward rachitis, the syrup of the lactophosphate of lime, will be found of great service.

In regard to internal antiseptics, the subnitrate of bismuth is the most useful, and far the most certain in action. Being both astringent and antiseptic, noting does better in lesions of the lowerbowel. It should be given in very large doses, ten or fifteen grains every three or four hours. If the large bowel be at fault, use the enema, and after thorough cleansing with hot water, inject slowly 60 or 100 grains of bismuth and 30 grains of soda bicarb in half pint water.

Prognosis and Treatment of Diabetes Mellitus.

By JNO. E. DAVIS, M. D., COLUMBUS, MISS.

Even the transient appearance of sugar in the urine should excite apprehension, for it often means a future persistent never ending diabetes.

If treatment is begun early before the symptoms are well advanced the lives of many patients can be prolonged. But the invasion of the disease is so insidious that a diagnosis is seldom made in the early stages of its existence.

Between one half and two thirds of all patients affected with diabetes die within three or four years. Generally speaking, the prognosis is more favorable in stout, middle-aged men or women. Young people and thin people as a rule are not so amenable to

treatment and the disease in them generally runs a more acute course. The most favorable cases are those readily amenable to dietetic measures. And such cases are still more favorable if the sugar can be made to disappear and not readily return upon an interruption of the diet.

Patients are not readily cured of diabetes though they do not often die of that disease alone. They generally fall by the way-side, victims of some intercurrent disease which owes its origin or its fatality to a weakened condition of constitution brought about by diabetes.

Chief among such diseases are pulmonary and nephritic lesions. So that taking it all in all but few diseases require such careful watching as do the victims of diabetes mellitus.

We divide the treatment of such cases into four divisions—prophylactic, dietetic, hygienic and medicinal. Under the head of prophylactic not much can be done until the ætiology of the disease is better understood. But we can apply such measures to those cases of transient glycosuria and to those cases where we fear heredity.

The dietetic division comprises by far the most valuable part of the treatment. In fact it is almost our sole reliance.

In prescribing for diabetic patients no ironclad menu can be laid down. We are often compelled to modify in order to meet the exigencies of individual cases. For instance, the patient naturally robust and obese can stand a more rigid dietary than the feeble, thin and emaciated.

In other words, the reduction of sugar must not be bought at too great a sacrifice of strength and nutrition. We must temper the wind to the shorn lamb or else produce complications, anæmia and emaciation the result of such treatment.

In prescribing a dietary our idea should be three-fold. To exclude foods likely to result in formation of sugar, to satisfy patient's desire for starch or saccharine foods, to see that their nutrition is not too much interfered with.

To meet these requirements in many cases is extremely difficult and often impossible, especially in prolonged cases. So that the majority of cases after having been on a rigid dietary for some time do better with a careful addition of a small and right proportion of carbohydrates. The amount to be determined by experiment.

Many quite elaborate dietaries have been written for this disease, so that we have the following as a fair sample:

Soups and broths made from meat of any kind.

Eggs in any style.

Meat of all kinds except liver (which contains glycogen).

Fats—Olive oil and all animal fats and oils.

Vegetables—Cabbage, lettuce, radishes, artichokes, spinach, cress, chicory, okra, cucumbers, endives, pickles, cranberries, gherkins, horseradish, tomatoes, beans (string beans).

Fruits, if acid, not sweet; melons can sometimes be allowed.

Nuts—Oily nuts.

Beverages—Water, alkaline mineral waters, soda water (without syrup). If indicated, can prescribe acid claret, Burgundy or Moselle wine, diluted with the alkaline waters.

Tea alone or with lemon.

Coffee without sugar or else sweeten with saccharin.

FOODS FORBIDDEN.

Sugar in any form and sweets of all kinds.

Starches—Such as rice, buckwheat, sago, tapioca, oat meal, corn meal, arrow root, barley, macaroni, vermicelli, all pastries, cake, puddings, pies, etc.; in fact, everything as far as possible containing flour.

Vegetables—Potatoes, turnips, peas, beans (except string beans), beets, carrots, cauliflower.

Fruits—All sweet fruits.

Nuts—Chestnuts and peanuts.

Beverages—Strong alcoholic preparations, sweet wines, wines with "bouquet," cider, beer, champagnes, punches and milk.

In the dietetic treatment of diabetes one of our greatest problems is to overcome our patient's desire for wheaten bread. Many substitutes have been devised but for the most part they are so unpalatable as to be unendurable.

Gluten flour is probably our best substitute, but even this as ordinarily sold in the market contains from thirty to forty per cent. of starch. The best gluten bread that we can obtain is probably that made in Battle Creek, Mich. The best substitute for sugar is saccharin.

The hygienic division of treatment embraces a climate that is moderately warm and even tempered. Patients should wear flannel next to the skin in winter. Should avoid taking cold—take frequent warm baths, have dry rubbings and regular mas-

sage. All muscular, nervous and mental fatigue should be avoided but judicious exercise is invaluable. When it comes to the medicinal treatment we can say but little.

The preparations of opium, particularly codeine, form our chief reliance. Codeine can be commenced in one-half grain doses and gradually increased, if necessary, to ten or fifteen grains per day. With the codeine we can advantageously combine strychnia as a respiratory stimulant. Codeine will lessen the amount of sugar in the urine, relieve many of their pains and aches and save the annoyance of frequent risings at night to empty bladder. Many other drugs of a tonic and sedative nature have been tried but the preparations of opium alone are of much value.

However, no medicinal treatment is indicated until dieting has proved inefficient, and even then only as an adjuvant to dietetic treatment. But the alkaline purgative waters are nearly always beneficial in that they increase the hepatic function and the movements of the bowels. Complications are to be treated as they arise, ever bearing in mind the condition of constitution underlying them.

Correspondence.

Medical Record of Mississippi:

I shall in my letters give the readers of the *MEDICAL RECORD* a short account of the Louisville Medical Colleges and their doings at the present time.

The Hospital College of Medicine has recently shown marked evidence of a successful career by erecting the Gray Street Infirmary, which is under control of the College Faculty, thus, opening up a fruitful source for clinical study that is essential to the success of every modern medical institution of learning. The Infirmary is situated in close proximity to the college building; it is equipped with a clinical amphitheatre perfect in all its appointments, the arena of which is a model of aseptic operating spaces, so arranged that a student seated anywhere in the amphitheatre can observe with accuracy each movement made by the operator. The building is erected and equipped at a cost of \$20,-

000; contains private rooms and public wards; is operated by a corps of trained nurses and attendants entailing a current expense of \$500 a month, everything being strictly up-to-date and modern. The advantages of an institution like this in connection with a school of medicine can hardly be appreciated until one has experienced them.

The Hospital College is the medical department of the University of Kentucky; it takes its name from its location, being situated opposite the Louisville City Hospital. There is connected with the medical department, the Louisville College of Dentistry, the only Dental College in the city. This department has also been recently improved and elaborated and now offers to the dental student every advantage for the pursuit of skill and knowledge in his line. The dental clinic is a feature surprising and interesting to the observer on account of the number and the station of the patients applying for treatment.

It is interesting to know that the Louisville schools are making strenuous efforts to outdo each other in clinics; in this matter the spring schools clearly have the lead. The Kentucky School also has a hospital, while the Louisville Medical and University are doing their level best to make a showing with their dispensaries. It is apparent to every one interested in medicine that a decidedly new epoch is dawning as to the methods of imparting knowledge in this science. The didactic departments are gradually giving away in importance to clinics and laboratories; medical educators are taking hold of the idea that actual experience gives students a clearer conception of medical truths than does a presentation of the facts without tangible evidence of their *modus operandi*. The change is indeed a fortunate one for the student, a happy blending of didactic and clinical teaching is "a consummation devoutly to be wished."

The contest is further divided into a lesser strife for supremacy between the clinical and microscopical departments, the former now looks like the winner. The laboratory should be shown as much favor as the operating room. However, when the four years regime is inaugurated we may look for brilliant results issuing from our microscopical laboratories.

In this race between the practical departments of medicine Chemistry is running a bad third—a fact to be deplored; there ought to be in every school of medicine a laboratory equipped to teach chemistry from a medical and physiological standpoint;

physiological chemistry is of such importance as to deserve special prominence. Being director of the chemical laboratory of the Hospital College of Medicine I intend to take the initiative step in equipping in our school a laboratory for this work. This physiological laboratory work will include urinalysis in its complete form, analysis of gastric contents, normal and pathological, chemical reaction of the blood and all of the glandular secretions, illustrating in the test tube as far as possible their physiological functions, and in this way impressing upon the minds of the students the facts with which he must become most familiar before being able to prescribe intelligently.

This being the first issue of the *RECORD* it is but proper that each contributor should express his good wishes for its long life and success; that it may be the torch of the medical profession of Mississippi, shedding light in dark places, discovering ideas that are practical, pointing out the path of scientific study and investigation; that it may serve as a medium of good fellowship among doctors, engendering a spirit of generous rivalry which always results in the development and the expanding of ideas. Such I know to be its purpose, and if this purpose be fulfilled the work of its editor will not have been in vain. A eulogy upon him who shapes her destiny would be superfluous if published in the State of Mississippi; he is well known to every doctor in the State; he is admired by all the medical profession, and enjoys the esteem and confidence of all who know him.

Louisville, Ky.

Editor Medical Record of Mississippi:

On Saturday, March 6th, the Memphis Pathological Society was permanently organized with Dr. B. F. Turner, President; Dr. W. B. Rogers, Vice-President; Dr. Max Goltman, Secretary and Treasurer; Dr. Wm. Krauss, Research Director. The latter officer is to appoint essayists, select subjects for investigation and direct the line of research. Meetings are to be held monthly.

At the last meeting of the Memphis Medical Society, Dr. Goltman presented a case of hermaphroditism, Dr. Frank A. Jones reported an interesting case of uterine disease and Dr. E. M. Holder read a paper on Medical Service in the Merchant Marine, all of which were discussed freely.

This Society is enjoying quite a boom under the secretaryship of Dr. Haase.

The Memphis Hospital Medical College will hold its annual commencement on the 31st of this month at the auditorium. Sixty-eight candidates have applied for graduation. Prof. — will deliver the annual address.

This will close the most successful session in the history of the college. Eugene Johnson, of the graduating class, is expected to get the internship at St. Joseph's Hospital.

Dr. Jno. S. Billings, late Surgeon General, U. S. A., was in the city on the 17th to advise with the authorities regarding plans for the new city hospital. A reception and banquet by the local doctors was on the tapis, but had to be abandoned owing to the limited time at the disposal of the distinguished visitor.

A delegation of Memphians will attend the annual meeting of the Mississippi State Medical Association, at Jackson, next month.

Memphis, Tenn.

Editorial.

H. H. HARALSON, M. D., - - - - - BILOXI, MISSISSIPPI.

Editor and Proprietor.

SUBSCRIPTION: ONE DOLLAR PER ANNUM.

THE RECORD.

In the publication of the RECORD, which was inaugurated especially for the profession of Mississippi, I ask the co-operation and support of every physician in the State. I do not believe that the necessity exists, generally, for another enterprise of this character, but I do believe that we need a State journal through which our physicians, on all questions involving their welfare, can be in touch with each other.

It will be the policy of the RECORD to support every principle looking to the advancement of the medical profession of

the State; to busy itself in gathering and disseminating information touching the interest of the profession, and urging on reforms of the highest order.

The RECORD will be issued monthly from this city, where splendid facilities obtain for its publication. Each issue will contain original articles of interest contributed by physicians of standing and ability. It will also contain a department of public health, where questions involving the health of the people will be discussed, and where information concerning the actions of the health officers of the State will be published. Proper notice will be taken of society meetings and their transactions. In the department for communications I have made arrangements for regular correspondents, men who are able and willing to work and whose knowledge, as will find expression in this department, will be worthy the most careful attention of every one. Besides these regular correspondents, physicians of the State are cordially invited to discuss, through this department, any point or points pertaining to medicine or its practice or pertaining to the welfare of the profession.

Now, I want to repeat that the RECORD is open especially to the medical profession of Mississippi through which its members can record and disseminate their views on all questions involving reforms and the advancement of its interest.

Personally, I have to say, that I will spare no pains, no labor, to make it an honorable, high toned, ethical journal of which you will not be ashamed.

THE STATE MEDICAL ASSOCIATION.

The Thirtieth Annual Meeting of this Association will be held in Jackson, the 21st, 22d and 23d of April, as shown by the following circular letter issued by Dr. J. R. Tackett, Secretary of the Association:

MERIDIAN, MISS., February 22d, 1897.

Dear Doctor:

The Association meets in Jackson, on Wednesday, the 21st

day of April. You are earnestly requested to be present and contribute a paper.

If you have not already done so, please send the title of your paper either to me or the chairman of the section under which it comes at once, as the committee of arrangements will meet early in March to prepare a program for the meeting.

Arrangements will be made with the railroads of the State and the hotels of Jackson for reduced rates.

Yours truly,

J. R. TACKETT, Secretary.

The meeting of the committee of arrangements has been deferred until in April, which will give the chairmen of sections more time in which to arrange their work, and judging from the interest they are taking in the meeting we can but conclude that it will be full of interest and well attended. Every physician in the State, eligible to membership, should join this Association and help to make the medical history of his State. Every physician who loves his profession should cast his fortunes with this organization. For the last thirty years it has been a potent factor in elevating medical practice and medical education in Mississippi. This Association is now and has been for several years practically a State institution, as it recommends for appointment by the governor five members of the State Board of Health.

Every member should begin now to put things in readiness to attend this meeting and show a willingness to do his part in the upbuilding of the profession in the State.

By request, I publish below some announcements by chairmen of sections:

HERNANDO, MISS., March 6th, 1897.

To the Members of the Mississippi State Medical Association:

GENTLEMEN—I request that any and all of you who will contribute articles for my section write either to me or Dr. J. F. Hunter, Chairman of the Committee of Arrangements, Jackson, Mississippi, giving title of paper, that such may be assigned a place in the program.

Yours very truly,

W. S. WEISSINGER, M. D.,
Chairman Section General Medicine.

To the Members of the State Medical Association:

Those who purpose presenting a paper to the Section on Nervous Diseases, if they have not already done so, will confer a favor by at once sending the title to the undersigned, that it may be inserted in the official program.

Very truly,

NOLAN STEWART, Chairman,
Jackson, Miss.

Public Health.

Board of Health, State of Mississippi.

W. G. KIGER, M. D., President, Brunswick.

J. F. HUNTER, M. D., Secretary, Jackson.

H. A. GANT, M. D., Water Valley.

S. R. DUNN, M. D., Greenville.

B. F. DUKE, M. D., Moss Point.

R. W. ROWLAND, M. D., Flora.

W. S. GREENE, M. D., Aberdeen.

F. D. SMYTHE, M. D., Kosciusko.

O. B. QUIN, M. D., McComb City.

C. H. MURRY, M. D., Ripley.

G. W. TRIMBLE, M. D., Grenada.

H. H. HARALSON, M. D., Biloxi.

The State Board of Health will meet at the Capitol, in the city of Jackson, on Tuesday, April 6th, for the purpose of examining applicants for license to practice medicine in the State. The examination will be upon written questions and answers in anatomy, chemistry, obstetrics, materia medica, physiology, pathology, surgery and hygiene. The fee for the examination is \$10.25. Dr. J. F. Hunter of Jackson, is the secretary of this board and will, on application, furnish any further information desired.

We glean from an article on Tuberculosis, by Prof. Harri-
man of Iowa, published in the Journal of the American Medical
Association, February 26th, 1897, that in the city of New York
5490 persons die annually of tuberculosis. The average ratio of
deaths in the human family from tuberculosis to the total mor-
tality is said to be about 14 per cent., while in some localities it
reaches 50 per cent. Prof. Law of Cornell University, says: "If
we take the whole civilized world and compare with the tuber-
culosis mortality all the accumulative deaths from war, famine,

plague, cholera, yellow fever and small pox, we find that the latter wanes into comparative insignificance."

In our search for the cause of its extensive prevalence we find that it is a disease of man and the lower animals, communicable from man to the lower animal and *vice versa*, and that one of the main entrances to the human economy of the bacillus is via of the gastro-intestinal route.

Of the lower animals cattle, and especially milch cows, are most commonly affected. The prevalence of this disease among domesticated animals is universal. Of the animals slaughtered in Mexico, 34 per cent. are said to be affected with tuberculosis. It is estimated that in the United States the average per cent of cattle so affected is from 5 to 12, while in some cases it is as high as 35 per cent.

In view of these facts we can not fail to appreciate the danger of affecting man through animal products. Since the disease prevails most extensively among milch cows, and milk is the most extensively used of any of the animal products in a raw state, it must be the most dangerous. It has been demonstrated that a large per cent of animals fed on uncooked tuberculosis milk contract the disease and that this certainty of conveyance is not confined to cows whose udders alone are affected. Milk from cows affected with the disease to any extent whatever, whether the udders appear diseased or not, is apt to contain the bacilli and hence is dangerous. It is stated that over half the deaths of bottle fed children of cities die of tuberculosis.

This is a nice field for the operation of sanitary science, as this science includes a consideration of the prevention of disease and the promotion of the public health.

There is nothing of more importance to commerce, as well as the public, than for all Southern ports to maintain rigid quarantine against all countries in the yellow fever zone. One case of yellow fever admitted into any one of the Southern States would create a panic that would cost the people thousands of dollars, would give a serious blow to the commerce of these States, and would break down the confidence now reposed in their health authorities—a confidence fully justified by keeping out this pestilence. It has been many years since yellow fever was admitted to any Southern State by State or local au-

thorities, while the Marine Service of the United States has, in at least two instances within the last eleven years, admitted yellow fever to these States. In both instances the admittance was due to negligence—in one instance to the criminal negligence of the marine officials.

There has been great improvement in the system of maritime sanitation within the last few years. The State authorities, and especially those of Louisiana, have taken the lead in this advance, while officials in the quarantine department of the Marine service continue to exhibit an ignorance and carelessness that is simply alarming. There was a demonstration of this carelessness by this service in admitting yellow fever into Brunswick, Ga., in 1893. As long as this port remained in the hands or under the supervision of the local authorities, everything went well, but in less than two months after the Marine Service assumed control the surgeon in charge of the station took yellow fever and went into Brunswick, where he died of the disease and infected the entire community. It is a well known fact that the service has a regulation that should prohibit non-immunized persons from holding positions in this service where there is danger of contracting the disease and conveying it. This regulation is not enforced, for the reason, I suppose, that the most prominent men in the service claim that the disease cannot be transmitted in their Southern quarantine waters, or at least in the waters of the Gulf Quarantine Station at Ship Island, and I judge the waters of this station are about as others of the Southern States. So firmly is this idea implanted in the minds of the surgeons of this service that one of them while at Ship Island was known to have gone directly, and without fumigation, from the grave of a person who had died of yellow fever, and where he had assisted in the burying, to a healthy vessel and made an inspection of said vessel. It is also known that one of their surgeons used the same boat, and without any fumigation, in carrying men who had died of yellow fever to the grave that he did in making transfers to another vessel that was communicating with the shore. This use, on one occasion especially, was made in less than two hours after the man who had died of yellow fever had been taken off the boat. It is also a fact that one of their surgeons had some sick patients at the station, some of yellow fever and some of other diseases non-infectious in character. There was a scarcity of nurses and he concluded to transfer a nurse

from the yellow fever patients to the others, but before doing this he must disinfect the nurse. He placed the nurse in a closed room where there was burning sulphur and required him to remain in the room as long as the fumes would admit of his remaining. He then took him out as disinfected and his clothing thoroughly fumigated and made the transfer without further fumigation.

This announcement need be no surprise to any one who is acquainted with the views held by the officers of the southern service of the Marine even today, and I suppose if it becomes necessary the same methods would again be practiced.

LENGTH OF PERIOD OF CONTAGION.—According to the circular recently sent to the principals of all the educational establishments in France, the period of isolation after smallpox, scarlet fever and diphtheria must be forty days after the first day of invasion, sixteen days after chickenpox, measles and mumps, while after whooping cough attendance at school should not be allowed until thirty days after the coughing spells have entirely disappeared. Tuberculosis is added to the list of contagious diseases, and the principals are instructed to inform the parents if a pupil's bronchitis, enteritis, etc., persists after a certain length of time, as hygienic measures are required in these cases, life in the open air, etc., impossible to secure in educational establishments, where the crowded rooms, etc., are distinctly injurious to the patient, while exposing others to contagion.—*Journal of American Medical Association.*

Abstracts and Extracts.

MISSISSIPPI STATE MEDICAL ASSOCIATION.—It is with no little pleasure that we note the approach of the thirtieth annual meeting of that sterling medical organization, the Mississippi State Medical Association. This association has long been a pioneer in good medical work, and has contributed much toward elevating the standard of requirements for the practice of medicine in Mississippi. The meeting this year will take place at Jackson, on April 21, 22 and 23. It behooves every practi-

tioner in the State to endeavor to attend the meeting, and if not a member to become enrolled among a list of names that would reflect credit upon the medical profession of any State. The President, Dr. J. W. Gilbert, of Verona, will deliver the annual address, and those who know the essayist personally (and there are few who do not) expect an effort that will in all verity do this accomplished gentleman proud.

The preliminary program will be mailed sometime this month.—*Memphis Medical Monthly*.

* * *

THE PLAGUE TO BE INVESTIGATED.—We notice by a syndicate letter in the daily press (we have not seen it in any medical journal) that Dr. Walter Wyman, Supervising Surgeon-General of the Marine-Hospital Service of the United States, has put his powerful mind on a "special study of the bubonic plague," and that we will very shortly hear something in the way of some important discovery which will electrify the scientific world. We know that this must be so, for the female correspondent who filled two or three columns of the syndicate letter has solemnly assured us that this is a fact. If the veracious correspondent had informed us that Dr. Kinyoun of the laboratory was about to develop something it might have been credited in scientific circles, but if any human being ever heard of the much advertised Wyman in any scientific capacity it would be a pleasant surprise to know of it. In the meantime, Germany has sent Prof. Koch to Bombay to study the plague where it exists. Kitasato, when he discovered the microbe of the plague, discovered it in China, where the disease was prevailing; Yersin, when he confirmed it, did so in the field of its ravages; but the American method of investigating diseases at long range is of recent invention and seems to be confined in its application to the head of the Marine-Hospital Service, who cleverly confronts an epidemic by gazing at the dispatches through the bottom of his glass at a "high tea," and giving the results of his highly original investigations to the admiring society reporter. Great are the results produced by the proper distribution of the products of the Washington florists; and tremendous the effects brought about by careful attention to the social functions of the Capital!

The code of morals which prevents country practitioners and obscure members of the profession in the city from adver-

tising, does not seem to invade the sacred precincts, nor penetrate that luminous halo which surrounds the bureau officer at Washington, and in consequence we have syndicate letters galore, as a rule written a few weeks before the incoming of a new administration.—*The Journal of the American Medical Association*.

Medical News and Miscellany.

The firm of Fairchild Bros. & Foster is one of the most reliable manufacturing firms in the United States. Fairchild's Essence of Pepsin is a most useful preparation. It is palatable and reliable.

Very few preparations are more extensively prescribed than Fellows' Syrup Hypophosphite Co. It occupies a high place in the opinion of the profession and it has won this place by intrinsic merits.

The National Confederation of State Medical Examining and Licensing Boards will hold its Seventh Annual Meeting in Philadelphia, Monday, May 31st, 1897, at 10 o'clock a. m. An official bulletin has been issued urging a full representation from the several boards. Medical college teachers and friends of higher medical education are also cordially invited to be present.

Mr. J. W. Swetman, an accomplished and wide-awake pharmacist of this city, is now manufacturing an antiseptic of merit for the use of physicians. See his advertisement in this issue.

If you are contemplating the purchase of an operating chair or table, or an instrument cabinet, you should not fail to correspond with Messrs. Clark & Roberts, Indianapolis, Ind., before making your purchase. This firm can please you in price and quality of goods.

In this number appears the advertisement of Drs. Maury & Mitchell's Infirmary, at 111 Court street, Memphis, Tenn., an institution for the treatment of diseases of women. It is hardly necessary to call the attention of the profession to this well es-

tablished institution. Dr. Maury has established a reputation as an operator for this class of troubles that extends throughout this country, and Europe as well.

The Medical Department of Tulane University has matriculated 361 students this season. Of this number about 100 will present themselves for graduation. The commencement exercises will be held the 14th of April. This institution was founded in 1834 and is the oldest in the southwest. During its long and useful career it has registered about 1200 students and conferred diplomas on more than 3000 graduates in medicine and nearly 400 graduates in pharmacy. There is not a college in the world that provides its students with better advantages for their medical education than does this institution. It now has, in its new building, well equipped laboratories for chemistry, pharmacy, practical anatomy, operative surgery, microscopical anatomy, pathology and bacteriology. Its microscopical laboratory is believed to surpass, in many respects, any in the United States.

The many friends of Dr. B. F. Kittrell of Black Hawk, will be grieved to learn of his serious illness, necessitating his retirement from the practice of the profession which he has so long adorned. In medical learning Dr. Kittrell has few superiors in this or any other State. For a long time he occupied a place on the State Board of Health and the State never had a more honest, painstaking, conscientious official.

The well-known preparations, Listerine and Lithiated Hydrangea, are manufactured by the reliable firm, Lambert Pharmaceutical Company of St. Louis, Mo. See their advertisement on the lower half page fronting first page of reading matter.

LARYNGEAL OR WINTER COUGHS.—Walter M. Fleming, A. M., M. D., Examiner in Lunacy, Superior Court, City of New York; Physician to Actor's Fund of America, etc., in giving his experience in the treatment of the above and allied disturbances in "The Journal of Nervous and Mental Diseases," submits the following: "In acute attacks of laryngeal or winter cough, tickling and irritability of larynx, faith in antikamnia and codeine tablets will be well founded. If the irritation or spasm prevails at night the patient should take a five grain tablet an hour before retiring and repeat hourly until allayed. This will be found

almost invariably a sovereign remedy. After taking the second or third tablet the cough is usually under control, at least for that paroxysm and for the night. Should the irritation prevail morning or midday, the same course of administration should be observed until subdued. In neurosis, neurasthenia, hemicrania, hysteria, neuralgia, and in short, the multitude of nervous ailments, I doubt if there is another remedial agent in therapeutics as reliable, serviceable and satisfactory; and this, without establishing an exaction, requirement or habit in the system like morphine. Finally, in indigestion, gastritis, pyrosis, nausea, vomiting, intestinal and mesenteric disorders and the various diarrhoeas, the therapeutic value of antikamnia and codeine is not debatable. The antipyretic, analgesic and antiseptic properties are incontrovertible, and therefore eminently qualified to correct the obstinate disorders of the alimentary canal."

The Committee on Malarial Haematuria appointed by the Tri-State Medical Association for next year is composed of William Krauss, M. D., Chairman; M. Goltman, M. D., J. C. Prescott, M. D., G. B. Malone, M. D. and Robert W. Barton, M. D. Two members of this committee, viz., Drs. Krauss and Goltman, have issued a circular letter asking that they be telegraphed for in cases of haematuria and that one or both will go without cost to the physician in attendance or patient. The object of this is to advance the knowledge of the disease by making observations and investigations at the bedside. There is not an abler investigator in the South to-day than Dr. Krauss and his efforts in this direction should meet with encouragement by the physicians of this State. His home being in Memphis, he is convenient to the delta where the disease mostly prevails. The following is the letter in full:

Dear Doctor:

The undersigned official appointees of the Tri-State Medical Association for the investigation of the pathology of malarial haematuria take pleasure in submitting to you the following propositions:

1st. When you get a case of haematuria, telegraph us and we will come to your aid in every case.

2nd. We will second your efforts for the relief of your patient in every way by bringing to bear on each and every case the

latest shown chemical and microscopical aids to diagnoses without charging you or your patients one penny for the same.

3rd. We hope by these efforts on our part, coupled by your assistance, to be able to positively advance our present knowledge of the disease, and thus become enabled to formulate a method of treatment based upon pathological finding in such cases.

4th. A practically constructed method of treatment based upon pathological indications will undoubtedly be the means of saving many lives from this disease; this can only be accomplished by having our efforts seconded by doctors who are in the habit of seeing such cases and as these efforts on our part implies a great personal expenditure of both time and money we fervently hope to have them endorsed by eliciting from you a hearty co-operation. Thanking you in advance for any interest you may manifest in this connection, we remain,

Sincerely Yours,

MAX GOLTSMANN, M. D.,

WM. KRAUSS, M. D.

P. S.—Reports of cases giving clinical histories will be thankfully received and duly acknowledge.

Memphis Tenn.,

In our initial number appears the advertisement of Dr. T. J. Crofford's Infirmary, at Memphis, Tenn., an institution for the care and treatment of diseases peculiar to women. Every physician in Mississippi should feel a pride in the doctor's success. Leaving Mississippi while yet a young man he cast his lot in Memphis, where, by dint of hard work and merit, he soon began to rise in his profession until to-day he stands the peer of any man in his special line of work. His infirmary on Third street, in Memphis, Tenn., is an imposing building of four stories and its arrangements and furnishings are complete in every detail.

The Tilden Company, New Lebanon, N. Y., and St. Louis, Mo., have just issued a very handsome booklet, profusely illustrated, relating in a most entertaining vein the experience of a prominent physician with Tilden's Elixir Iodo Bromide of Calcium Comp. in the treatment of syphilis, etc., in India. The account contains valuable information regarding the habits, superstitions, etc., of the natives. Copies will be furnished upon application.

Dr. Felix A. Silvestre, a prominent physician and a gentleman of many rare scholarly attainments, died at his home in Houma, La., on the 5th of March.

FOUR STANDARD REMEDIES (the medicinal effects of which physicians may rely on):

DIOYIBURNIA—The most powerful and trustworthy uterine tonic attainable (of which the most eminent gynecologists bear testimony) in dysmenorrhea, amenorrhea, menorrhagia, leucorrhea, subinvolution, threatened abortion, vomiting in pregnancy, chlorosis, etc.

NEUROSINE—The standard neurotic, anodyne and hypnotic; unexcelled in hysteria, epilepsy, neurasthenia, mania, chorea, uterine congestion, migraine, neuralgia, and all convulsive and reflex neuroses, containing no chloral or morphine.

PALPEBRINE—Is what the name would indicate, a most reliable remedy for external eye diseases, highly recommended in simple, acute and chronic catarrhal, venereal, blenorrheal and strumous or scrofulous conjunctivitis, marginal blepharitis and inflammation of the lachrymal sac and other external inflammation of the eye. Palpebrine in the hands of the general practitioner will enable him to treat successfully the external affections of the eye without having to send such cases for treatment to the specialist.

SENNINE—Is unexcelled as a dry antiseptic dressing, and is a specific in the treatment of old sores, ulcers, bubo, eczema, pruritus, burns, scalds, etc., wherever a dry antiseptic dressing is applicable, being entirely odorless will save both the practitioner and the patient disagreeable odors as well as those they come in contact with. Sennine is a very fine white powder, put up in two oz. perforated top boxes, making it convenient to apply upon wound surface.

These four products are manufactured by the Dios Chemical Co.; which is sufficient guarantee that they are entirely reliable and contain such drugs as the formula of each indicates, which they freely circulate to the profession only.

At a meeting of the National Conference of Charities in the city of New Orleans, March 5th, Dr. J. M. Buchanan read an interesting paper upon the "Care of the Insane Poor." The paper was discussed at considerable length by the following gentle-

men: C. T. Hubbard of Indiana, General Brinkeroff of Indiana, Senator Cullom of Texas, Mr. Whatley of Texas, Judge Farris of Tennessee, Prof. Folwell of Minnesota, Dr. Hays of Louisiana, Mr. Doney of Toronto, Canada, and others. The paper was well received, which was a compliment to its author, as the conference is an able body of the nation's representative men. The paper as read by Dr. Buchanan will appear in the next issue of the RECORD.

A DESERVED EUROPEAN INDORSEMENT.—*Health*, a weekly journal of medicine and surgery, diet and sanitary science, London, Eng., says, editorially:

"We have received from the Antikamnia Chemical Company, St. Louis, Mo., U. S. A., a brochure dealing with the action, history, indications and administration of their preparation, antikamnia. There is no remedy so useful and attended with such satisfactory results in the treatment of melancholia with vaso-motor disturbances, anaemic headaches, emotional distress, and active delusions of apprehension and distrust; and it also increases the appetite and² arterial tension, and promotes digestion, as well as being particularly serviceable in relieving the persistent headache which accompanies nervousness.

"In neurasthenia, in mild hysteroid affections, in the various neuralgias, particularly ovarian, and in the nervous tremor so often seen in confirmed drunkards, it is of peculiar service. In angina pectoris this drug has a beneficial action; it relieves the pain and distress in many cases, even when amyl nitrite and nitro-glycerine have failed entirely. In pseudo-angina, frequently observed in hysterical women, its action is all that can be desired.

"To patients who suffer from irritable or weak heart, needing at times a brain reliever, it can be taken without untoward after-effects, knowing that the heart is being fortified. It increases the elimination of urea and purifies the blood without increasing the destructive tissue metamorphosis. It lessens coma and loud delirium by contracting the capillaries of the brain. In delirium tremens it relieves when there is great restlessness with insomnia, as well as general lowering of the nervous power."

Dr. B. A. Shepherd of Lexington, Miss., spent some time in this city during the month of March. The doctor has been in

bad health for several months and came here for rest and recreation. He returned to his home a few days ago much improved.

The committee on publication of the Mississippi State Medical Association will meet in the City of Jackson, on Tuesday, the 6th day of April. The following is the committee: Drs. J. F. Hunter, J. R. Tackett, W. G. Kiger, R. E. Jones and H. H. Haralson.

At this writing, March 26th, Dr. C. A. Rice is critically ill at his home in this city. Dr. Rice is one of the best and most favorably known physicians in the State of Mississippi. He has held many positions of honor and trust in the State, and has the entire confidence of the profession. He has lived the life of a true, brave, courageous man, and the indications now are that he will die as he has lived.

Publications Received.

"Letters, Telegrams and Documents Relating to the Transfer of Surgeon Hamilton," a mirror reflecting the true image of an *anguis in herba*, and demonstrating *man's ingratitude to man*, and often inducing him to exclaim :

"What is friendship but a name,
A charm that lulls to sleep,
A shade that follows wealth and fame,
And leaves the wretch to weep."

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Original Articles.

Care of the Insane Poor.*

BY J. M. BUCHANAN, M. D., SUPERINTENDENT EAST MISSISSIPPI INSANE ASYLUM,
MERIDIAN.

The President of this conference has assigned to me a subject that contains one of the most serious problems that states and communities have had to deal with, and were it not for the belief that much good will result from the discussion of this paper, I would not have the temerity to appear before you to day.

In view of the fact that insanity is the saddest affliction that can befall mankind, that no class of society is exempt, and that the great majority of its victims must be deprived of personal liberty, and maintained at public expense, the care of the insane, whether considered from a medical, economic or humanitarian standpoint, becomes a question of vital interest to all, and well worthy of the most serious thought.

All civilized states and communities make some sort of provision for the care of the insane, usually in hospitals or asylums, or in colonies; but unfortunately there are other modes of caring for them that are not in accord with the Christian law of kindness—I refer to jails and almshouses.

In the study of the care of the dependent insane, there are two phases of the question to be considered, the humane and the economic.

The policy to pursue then, is that which will in the first place, secure everything that is necessary for their care and treatment,

*Read before Conference of Charities and Corrections, New Orleans, La. March 3-7, 1897.

and at the same time bring the cost within the bounds of true economy. While it becomes necessary to make the maintenance of this class as a whole as light as possible, conformable to good care and humane treatment, it should not be forgotten that from a scientific and economic point, the acute and curable cases should have the advantage of every agency that could promote their recovery, regardless of expense. The acute insane are often dangerously ill, and asylums should have hospital facilities for giving them all the care and treatment their diseases demand. The fact that recoveries rarely occur except among the acute cases, makes it imperative, in the interest of economy, as well as humanity, to provide for them such means as will insure every opportunity of restoring them to the world as producer, rather than by neglect, to let them drift into a chronic condition to become a burden to the public.

After an insane person reaches the chronic stage of the disease, his care becomes purely a question of sociology, more interesting to the philanthropist than alienist, from the fact he requires only humane custodial care, with incidental medical treatment, and the object to be attained in his case is to make him useful, if possible, and his life less wretched.

There are two systems of caring for the insane in practice in this country, namely, State care and county or municipal care, and as the merits of each have been fairly tested for many years, it ought not to be difficult to determine which system has been productive of the greatest good, both to the insane and to the outside world. It would not be a fair comparison to consider individual instances of failure or success, but each system should be regarded as a whole, and then if by comparison one system be found to have superior advantages, that system should be adopted to the exclusion of the others.

Before the State recognized its obligation to these unfortunate people, their care devolved wholly upon the counties, and even after State hospitals began to be established the counties were required to care for the chronic pauper cases, and this system is still in vogue in some States.

The consensus of opinion of those who have given this subject the closest study and desire the best interest of the insane, is in favor of State care. The State is much better able to equip hospital buildings, supplied with all modern sanitary appliances, as heating, lighting, ventilating, bathing and cooking, and the

more liberal State appropriations would supply the patients with a better quality of food, clothing, bedding and furniture. The medical supervision of patients in State hospitals, with daily inspections by competent physicians, and the service of trained and skillful nurses to administer to the wants of the sick and care for the curable cases, is a strong point in favor of State care, for these things, so essential for good service, can not be obtained in the average county asylum.

County care has been characterized as lacking in all the requisites for successfully caring for the insane. The counties will not, and in fact can not, provide suitable accommodations for them, except where there are large centers of population, and the result is the dependent insane are sent to the county poor-houses, where the acute and chronic, the maniacal and quiet, occupy the same ward, which is often shared by the same paupers.

The insane are subject to the same supervision and care as the other inmates, if they are quiet and cleanly, but if they are noisy and disturbed or filthy in their habits, they are locked in some room or cell apart from the others, and their condition becomes pitiable from abuse and neglect. As proof of this, it is only necessary to read the reports of the commissioners where these almshouses have been inspected.

It is not necessary for our purpose to recite at this time the foul wrongs suffered by those unfortunate people in county almshouses, the recital of which would make one's blood boil with indignation. Neither would it be just to say that cruelties are practiced in all of them, for there may be exceptions.

Referring to this point, Dr. McDonald, President of the State Commission of Lunacy of New York, has this to say: "While we may freely concede that there are individual instances of county or municipal asylums which maintain an excellent standard of care, and consequently that an indiscriminate condemnation of public institutions for the insane not under State control would be manifestly unjust, it must also be conceded that such instances are exceedingly rare, so rare, in fact, that they may be regarded as exceptions, which prove the rule. Certainly not one such instance was found in the State of New York." What is true of almshouses in New York, is equally true of similar institutions in other States.

The associations of the dependent insane in county poor houses are degrading to them, for they are seldom paupers and

do not deserve the odium and disgrace the word pauper carries with it. It has been estimated on good authority that about 75 per cent. of the so-called pauper insane are not paupers in the true sense of the word, for among this class are to be found representatives of all professions, trades and occupations who were self-supporting and taxpayers before they became insane. The pauperizing of this class of citizens is not only degrading to them but is farreaching in its evil effects on the community at large.

When a State proposes to assume charge of its dependent insane, and makes provision for them in State hospitals, they should be maintained solely at the expense of the State, by appropriations from the general fund or by a special tax, and counties should not be required to contribute anything toward their support. Where counties are required to pay a per capita tax to State institutions, they sometimes find it more economical to abuse, under the guise of care, such cases as can be kept in the poor houses.

This was one serious trouble in New York until the bill providing State care for all the dependent insane was passed. In New York counties are now prohibited from keeping the insane in almshouses, but it is not necessary to make this prohibitory, for in Mississippi all the insane are admitted to the asylums free, and if any insane are found in the poor houses, it is on account of lack of room in the asylums. This is the case, notwithstanding our statutes, in regard to the commitment of patients to the asylums, say, "mere idiots, fools and known incurables, if harmless and not needing special treatment, shall not be sent to the asylums, but may be kept in the poorhouses if indigent." The county officials not being prepared to care for these people, usually find some way of evading the law, and we get them of all ages and conditions, many of whom would be kept in the poorhouses if the counties were required to pay for their maintenance in the State asylums. This charity may be abused at times, for old and feeble patients not requiring asylum treatment are often sent to the asylum for the reason their people have grown tired of their care. One consolation lies in the fact that they are better provided for in the asylum than they would be in the county poorhouses.

Granting then that the State should assume charge of the dependent insane, it remains to show the best means of provid-

ing for them, and after that the cheapest. It is conceded by all that there should be separate treatment for the curable and non-curable, and the failure to accomplish this has been one of the defects in the system of asylum construction and management in this country. Many millions of dollars have been spent in palatial buildings that do credit to the architects' skill and States' pride, while they are ill-arranged for the purposes for which they were designed, and do not altogether meet the requirements of the patients.

Realizing that the two classes should be treated separately, New York established an asylum for the chronic insane at Willard as far back as 1865, and then later another at Binghampton. Patients were first admitted to the hospitals for the acute insane, and after a period of treatment those who were deemed incurable were transferred to one of the asylums for the chronic cases, or sent to the county almshouses. After a trial of more than twenty years this plan was pronounced a failure by its previous warmest advocates, and with the adoption of the State care act came the abolition of separate asylums for the chronic insane and conversion of all the public institutions into State hospitals for the insane, with provisions for caring for the dependent chronic cases in annexes built on the premises of the hospitals.

Pennsylvania is now making a trial of caring for the chronic insane at Wernersville on a new plan, which consists in having the quiet working patients transferred from all the other hospitals to Wernersville, where extensive farming operations are carried on. The Pennsylvania Lunacy Commission in advocating the establishment of an asylum for chronics, claimed that the patients would make it nearly self sustaining, as none but producers would be kept there. They did not seem to consider that other hospitals would lose by being deprived of their working patients, and the management of the other institutions are hampered by having their organized working forces broken up. Quiet working patients are subject to attacks of violent excitement, and there is a constant going of quiet patients to Wernersville, and of excited ones back to their respective hospitals, which is not only inconvenient but expensive.

Several States are now caring for their chronic insane in colonies on farms contiguous to the main institution, and thus far the results show that this is the most feasible way of providing for the chronic dependent class in a satisfactory manner and

at the least expense to the State. Inexpensive cottages are provided for the chronic laboring class who live in the colony and work the farm and garden, and as a large per cent of these people have been accustomed to outdoor life, living in the colony is more satisfactory to them and they are better contented than in the large institution.

The proof of the pudding is the eating, so the merits of a system may be best judged by the experience of one who has given it a fair trial. In confirmation of what has been said about the plan of caring for the chronic insane in colonies, a letter from Dr. Wm. M. Edwards, the accomplished Superintendent of the Kalamazoo, Mich., Asylum, whose practical knowledge of the subject is based on several years of experience, merits our closest attention and thought. A letter addressed to him by a friend, asking for information in regard to this system, elicited the following reply: "As long ago as 1886 the board of trustees of this asylum, Kalamazoo, failing to secure lands contiguous to the location of the main buildings, purchased a farm of 176 acres two miles and a half distant, afterward 80 acres were added, making the present size 256 acres. On this was built a wooden house and a large barn, and we began the experiment of producing our own milk. We now have fifty-six cows there, largely Holstein grades. Forty seven of the male patients of the chronic laboring class live there.

"The farm is under the supervision of a man and his wife and with the help of two other men and two other women, all the work of caring for the patients, cooking for them, attending to all the cattle and to the farm and garden work, there being several acres of the latter, is done by this help and the patients before mentioned. This experiment proved so successful that a year later the trustees bought another farm of 357 acres. On that there are now four brick houses and 250 patients, 67 men and 183 women reside there. There is a resident physician who superintends the whole of the 'colony' as it is called. As the patients are mostly of the class before mentioned there is not a great deal of active medical work. There are, however, frequent calls for a physician, the maintenance of discipline and other matters incident to the care of so many persons, which keep the doctor busy during the whole time. Patients living in the cottages assist with the ordinary housework. Cooking is done within each cottage and on the whole living is more satisfactory

than within the main building. The patients, as a rule, improve in general health by being transferred to the cottages. The outdoor life that most of them lead renders them more robust and there is greater contentment and happiness than in the larger institutions."

In providing for the dependent insane the question of increased accommodations may be met in one or two ways, at a very small expense. First Where hospitals are well equipped it is only necessary to add cheap pavilions or cottages for chronic cases, but if the asylums are not provided for hospital treatment the better plan would be to erect hospital buildings on the premises for the acute cases and use the main building as homes for the chronics. Second By establishing colonies on lands contiguous to the main building so that they can be conducted under the same management.

The necessary corps of officers and general equipment of an asylum is the most expensive part of the establishment, but in the plans above suggested these would be already provided, for it is easy to conduct colonies under the management of the main institution. The only colony I know of in the South is one for negroes at the Alabama Hospital. This has been in successful operation for several years, and the results show this to be the best plan of providing for the colored insane. It should be a feature of every asylum that cares for negroes.

Granting then that the State should provide for the dependent insane, it becomes pertinent to consider what should be the cost of their maintenance. This to a great measure will depend upon the standard to be maintained, and in some States, particularly in the South, this standard must necessarily be low as compared to Northern and Eastern ideas, on account of the embarrassed condition of State finances.

The average per capita cost of supporting hospitals for the insane is \$172 for Northern and Eastern States, \$166 for Western, and \$129 for Southern States.

This smaller allowance on our part is not due to any willful parsimony, but it is a necessity, and we who have the management of the asylums realize that fact and economize in many ways. We do not hope to reach the standard of Northern and Eastern ideas, yet we claim to give our people kindly care, although in a simpler way.

I want to add, however, that an asylum can be maintained

at a less per capita cost in the South than in colder climates. Our buildings are cheaper and it does not require much to make them comfortable in winter. The summers being longer we have an advantage in gardening and truck farming. Besides, a large per cent of our people do not expect or require as much as in other sections. I do not advocate retrenchment in these matters, and think all institutions should be as liberally supported as the State's finances will permit.

A Case of Septic Poisoning Caused by a Hidden Diphtheretic Membrane in Naso-Pharynx.

By J. J. TAYLOR, M. D., BILLOXI, MISS., FORMERLY OF JACKSON, TENN., AND MEMPHIS.

In presenting this case to the attention of the profession I do not propose anything new in pathology or therapeutics. It presents itself to my mind as being of interest on account of the obscure origin of the septic poisoning and the delay in finding the local point. I hope, in calling the attention of the readers of the RECORD to the necessity of a thorough examination, I will enable some one to avoid the dire results of a failure to do so. The patient was Mrs. S., white, aged 36 years, married, the mother of two children and the keeper of a boarding house in Memphis, Tenn. She was a lady of unusual physical development and remarkable for her beauty. In the early part of the summer of '90, Dr. Elean was consulted by her for a feeling of malaise (as she described it a general breaking down). Added to her duties of housekeeping she had recently nursed one of her children through a case of diphtheria. The doctor found her with slight fever, the tongue coated and the skin yellow. He prescribed a mercurial to arouse the secretions to be followed by Quin. and a rest of a week or two in the country. At the end of a week she returned with all the symptoms increased. The skin bronzed, fever, with occasional rigors, followed by sweats. The doctor diagnosed septic poisoning. Dr. Hill, her old family physician, was called in in consultation, and a search was made for the point of infection.

The vagina, rectum and every part (surprisingly) except the naso-pharynx was made without finding anything abnormal. She grew worse until one evening she was threatened seriously with

collapse. The pulse became thready, the skin cold, with colliquative sweating, and she lapsed into a listless state, mentally. For twenty-four hours she had complained with a feeling of fullness in the throat, and nausea, swallowed with difficulty and could retain nothing on her stomach. The doctor sat by her through the night and with hypodermics of strychnia and other stimulants succeeded in establishing reaction by morning. At this juncture I was called in as a specialist to examine the throat. I found hanging from behind the soft palate and extending down to and touching the epiglottis a tenaceous string of muco-purulent matter which I removed with difficulty. I then illumined the naso-pharynx and found a well marked patch of diphtheretic membrane in an advanced state of decomposition. At points could be seen raw surfaces beneath where the membrane had sloughed off. I at once stated this to be the point of the systemic infection, to which the doctors readily agreed. It had infected the system by direct absorption and by passing into the stomach. I cleared away the offending material with a wash made of Seilers' tablets and then sprayed the parts well with a solution of Hydrarg. bichloride in liquid alcohol. This procedure was repeated every four hours for several days and the periods then gradually lengthened. The nausea ceased immediately and a general improvement set in rapidly until at the end of a week convalescence was well established. Tonics and feeding added to the above local treatment carried the case on to a rapid recovery and she was soon in a normally healthy condition. While I present nothing new or specially remarkable in this case, I consider the hidden source of the septic poisoning interesting, and it shows the necessity of overlooking no possible point where such a membrane could exist.

While the age of the patient and the absence of any signs of the disease in the throat or visible parts of the nose rendered the existence of diphtheria doubtful, the history of the case, the nursing of the child and her exposure to the contagion warranted a thorough examination of the entire surface of the respiratory tract amenable to such examination. By discovering the membrane early in the case much suffering, danger of death, and time could have been saved. If this article should prove of benefit to any brother practitioner in this respect I shall feel fully repaid for reporting it.

Some Observations Upon Abscess of the Liver—Successful Treatment of Case.

By LUTHER SEXTON, M. D., NEW ORLEANS, LA.

F. S., a Creole who had lived in New Orleans all his life, consulted me about an enlargement and slight pain over the right lobe of the liver. He was rather irregular in his habits, disposed to drink and expose himself, which at one time would result in diarrhoea or dysentery, at another time in attacks of malaria, usually without decided chills, however. He was a bookkeeper by profession, was accustomed to lean over the desk upon which he wrote, thereby producing pressure upon the liver. He had been having slight fever for a week or two, but was not confined to bed, and was able to walk to the New Orleans Sanitarium, where he consulted me about his condition.

I inserted an aspirator needle (large size) into the tumor and found pus. Detaching the aspirator from the needle, leaving the needle as a guide, I cut down into the cavity of the abscess, evacuating several pints of pus. I swept my index finger around the abscess walls to break up any debris or sloughing pieces of liver tissue. I then carefully washed out the cavity with sterilized water, inserting two large size perforated soft rubber tubes, secured together by safety pin to prevent them from being lost in the abscess cavity. Enormous quantities of bile began to pass from the wound, so much that half pound of absorbent cotton was required to take up the bile flowing through the tubes with the pus each day. Patient had successive crops of furuncles or boils over the body, which gave him a great deal of pain and inconvenience. At no time did his fever amount to much; appetite and bowels kept in fairly good condition.

The abscess cavity was the largest I ever explored; seemingly there was only a shell of the liver left intact. I am confident that several gallons of bile and pus escaped through the abdominal incision. After about five weeks stay in the Sanitarium the patient was discharged practically cured, though the opening and cavity had not entirely healed up. He has been under my observation for the past two years and has never been seriously sick since. He is much more temperate now than he was previous to the liver abscess. Intestinal digestion seems to be perfect, though I am sure that not more than half of the

right lobe of the liver remained after the abscess cavity had healed up.

Some causes of abscess of the liver are the amoeba coli of dysentery; pyæmic, from general blood infection, malaria, and tropical climates. Dysentery is often followed by abscess of the liver (the return of the septic blood directly through the organ may explain this), traumatism, gall stones, and round worms in children may be an occasional cause. Abscess of the liver may follow stabbed wounds with septic knives or aspirator needles, or contusions of the organs. Abscess of liver has been known to follow operation on the rectum, setting up phlebitis; they have also followed confinement cases with inflammation of uterine veins; acute hepatitis has been known to terminate in abscess of the liver; hydatid cysts may suppurate from blows or wounds inflicted upon them. *Predisposing causes* are malaria, intemperate drinking and eating habits, with residence in tropical climates. The bacteria of suppuration are introduced into the liver mainly through the veins. The solitary or tropical abscess may involve nearly the entire right lobe of the liver; seventy (70) per cent of such single abscesses are confined to the right lobe. Pus always burrows in the way of least resistance, hence a liver abscess if left alone may open into the lungs, pleura, pericardium, intestines, peritoneum, and in rare cases may perforate externally. These solitary abscesses are practically the only ones in which the surgeon need interfere. Multiple or pyæmic abscess usually follow the ulceration of typhoid fever, appendicitis, ulcer or abscess about the rectum, or any general blood infection is liable to be followed by multiple liver abscess. In the solitary abscess, symptoms are often so masked that the real cause of sickness is not discovered until the abscess ruptures into some of the natural outlets of the body and the pus is either coughed up or passed by the bowels, while many cases go to the grave, never properly diagnosed but charged to some other cause. Among the principal symptoms of abscess of the liver are profuse sweating, hectic fever, rigors, enlargement of the liver, tenderness upon pressure. We rarely have jaundice in liver abscess, a fact which misleads some physicians. A patient suffering with abscess of the liver usually has a sallow or muddy complexion, with slight fever, always accelerated pulse and coated tongue. Rigors or shivering sensations resembling malarial chills are to be expected in abscess of the liver. There

is constantly an aching pain, or sense of weight, over the liver, sometimes reflected under the right shoulder, with tenderness from pressure with fluctuation, if the abscess be pointing toward the abdominal wall. The depression between the lower ribs is obliterated. If the inflammation extends to the diaphragm or pleura more acute pain may be expected. In latent abscess, symptoms are almost wanting until the abscess reveals itself by opening into some of the channels for its escape. The liver is enlarged upon percussio, there is profuse sweating after sepsis has set in. Hectic fever is nearly always present, often resembling a low grade of typhoid fever, from which it must be carefully diagnosed, as treatment is quite different.

Liver abscess is to be differentiated from malarial intermittent fever by finding the malarial plasmodium in the blood of the patient and the regular intermittency of the case. If the *amœba coli* of dysentery is found in the stools it would lead us to suspect abscess of the liver. Dilated gall bladder is usually associated with history of gall stones and severe pain and jaundice. I have tapped a case of dilated gall bladder resembling very closely abscess of liver.

Abscess of the liver is to be differentiated from hydatid cysts of the liver by the slow growth, no fever and absence of pain: the fluid aspirated is clear and may contain hooklets of the parasite.

Cancer of the liver is a secondary and slow growth, always accompanied with jaundice, hectic fever absent, tumor is nodular. Physical signs will differentiate from right-sided pleurisy with effusion, or the aspirating needle will soon clear up the diagnosis. Abscess in abdominal wall gives no evidence of general sepsis or disturbance of the bowels. The liver abscess having once been located, a free incision with drainage is the safest method of treatment. Some surgeons cut down almost to the abscess wall, pack with iodoform gauze, wait a day or two for adhesive inflammation to take place, and then open up the abscess cavity; others plunge the bistoury direct into the abscess, at the same time stitching the liver to the abdominal walls, opening it up and draining at one sitting. Suitable operative cases have given splendid results, in single tropical abscesses; it is useless, however, to open pyæmic abscesses, as surgical interference in such cases is usually in vain and the unfortunate result generally charged to the surgeon instead of the disease. Aspi-

ation of liver with injections of antiseptic solution has been practically abandoned; the aspirator is more used for diagnostic than curative purposes.

Correspondence.

Editor Medical Record of Mississippi:

There are a great many graduates of Louisville medical colleges in Mississippi, and I know they will be interested to hear about examination times. This is the most important period of the year to a medical student who attends the winter school; they must go against that awful "green room;" the ordeal is one which serves as a topic for conversation throughout the remainder of his career. The first symptoms of the approach of examination is warm sunshine and signs of spring; then the lectures begin to slack; the professors seem to get careless about filling their hours; students come to the college and congregate in groups to discuss their individual chances for passing with varying degrees of confidence. It is the first time that some of them seem to realize there is such a thing coming as an examination; they borrow notes, get thick with compends and stay at home evenings. Matters run on in this way for a couple of weeks, during which various conjectures are indulged in as to when lectures will close. It is about this time that the candidates for first honor, which carries with it the hospital appointment, suddenly acquire marks of importance, and each aspirant has his following who tip him for a sure winner.

At last the announcement is made that the lectures will close upon a certain day and examinations begin. Another and greater question now arises; who is going to fail? No one believes he is, but each one expresses sympathy for the fellow whom he thinks will. The students all talk about where they will locate, what they expect to make the first year and kindred subjects. The day arrives. At the University the examinations are written and each student gets the same questions. At the Louisville Medical they are taken in groups in alphabetical order and examined orally by each professor separately; the A's B's go to college the first day, the C's, D's, E's, etc., stay in their

rooms and cram. Some are in contests for special prizes given by each professor. These events, however, are overshadowed by the contest for general honor. As the student emerges from the green room he is surrounded like a hero by those in waiting and besieged by a volley of questions like these: "What did he ask you?" "How many times did he knock you out?" "What did he do to you?" "Were you scared?" "Wish my chances were as good as yours."

Examinations last about a week or ten days; the announcement is made that on a certain night there will be distributed notices informing each man of the result of his examination. These notices are innocent looking cards simply stating to the recipient whether his examination has been satisfactory or unsatisfactory. It is the supreme moment of a medical student's life. In a few seconds all his emotions are stirred; the shame and disgrace of a failure can only be imagined; fortunately there are few. Some of the boys boldly break the seal to their notices in full view of their comrades; others retire to a private place and tremblingly tear open the covering that hides their fate. Then follows a general hand-shaking and such expressions as, "Put her there, old boy!" "How did you come out?" "Is it all right?" Everybody is happy except the honor candidates and the poor fellow who was flunked; we all feel in the majority of instances that the latter does not deserve to pass; a student's heart is easily touched in some ways and we give him a hand-shake and say, "That's all right, old fellow, you know a sight more than a great many who passed; you will make it all right next time; don't worry."

Two events now absorb every student's interest, the examinations for honors and the Commencement; the latter I leave for a subsequent letter. There are usually three aspirants for the former; at the beginning of the session there about a dozen, but gradually the pace becomes too hot, and they begin to fall off one by one. I will never forget the race which was run the year I graduated; there were three entries, all crack-a-jacks. One was a fellow from down in Mississippi, named Hendon, whom nobody seemed to know until the senior year; he never said much to anybody; Kelly was a whole session locating him; nobody dreamed of him as a possibility for honors until near the close of the senior year. Joe Whallen was the favorite; personally very unpopular with the boys, but an untiring student

possessing a wonderful memory, sharp, quick and always on the alert, a man of enormous nerve. He had not been in school many days before he was on intimate terms with every member of the faculty.

The other was a fellow named Jim Byrnes, a typical Kentuckian, tall, straight, proud and courageous, well liked, bright and industrious. He had already been in one contest and came out third and was attending his fifth term in order to win first, but Jim couldn't stand punishment; he studied like fighting fire the first half of the session, but after Christmas got enough, and dropped into the third place, running easy for the rest of the way, being content to keep inside the money.

Eight p. m. is the hour set; by that time students from the Hospital College, from the University, from the Kentucky School and those of the L. M. C. have filled the big amphitheatre in the new building at First and Chestnut, a few of the Faculty have arrived and assembled in the faculty room below. There is a delay, Cartledge hasn't come and Warner is sick; the rumor is started that the examination is postponed, but nobody believes it. The students become restless and begin to leave the amphitheatre and congregate in the lobby discussing the merits of the contestants and point them out to their friends. Whallen is the prime favorite. As the hand on the big clock points to nine Cartledge arrives and the door of the faculty room opens and the Faculty file out and up the steps into the bull-pen and take seats in chairs provided for the occasion. There is a wild rush of students for seats in the amphitheatre which is quickly filled. Then an ominous silence prevails. Cochran advances to the iron railing which divides the arena from the amphitheatre proper, and draws out that those who wish to compete for first honor in the Hospital to come down and occupy the front row of seats which has been left vacant for that purpose. Instantly necks are craned in every direction to see who will respond. Byrne is the first man up; he extricates himself from the middle tier of students and picks his way towards the aisle; a cheer loud and long rends the air. Jim smiles, bows his acknowledgment and shakes hands with friends while making his way to the front. He is quickly followed by Whallen, who is not popular, and little demonstration is made. Joe smiles and looks confident. He is well kept, and his sharp, black eyes flash a look of defiance; he looks every inch a winner. Next Hendon is

seen making his way from the very top row of seats. A mighty shout goes up from the vast throng. He is in the aisle; each step seems to give him pain, as he slowly makes his way to the front: his sunken cheeks are as pale as death: his tightly drawn lips look bloodless; in his left hand is a damaged hat, which he thrusts into his coat pocket as he takes his seat amid the cheering between Whallen on the right and Byrnes on the left. The trio seated is study for a good artist; the result of three years unceasing toil is about to be decided. Whallen sits leaning upon the back of his seat in graceful repose, the fingers of his clenched hand twitching nervously, a look of stern determination stamped upon his face: he is a man past thirty. Next to him sits Hendon, with both feet upon the iron railing in front of him, his body leaned forward until his chin rests almost upon his knees that are encircled by his thin, long arms; his gaze fixed intently upon the Faculty directly in front; not a muscle seemed to move; he looked as if life itself hung upon the issue. Next to him sat Byrnes, erect and proud, a dare-devil expression playing upon his features. He knew there was nothing better for him than third place and he couldn't do worse. A thrill runs through the audience, and somebody shouts, in a stage whisper, "they're off!" as Cochran arises and walks toward the railing and lets go a broadside at the three ambitious youths in front of him. For ten minutes he hurls his questions like a catapult. "Time!" shouts Time-Keeper Big Medicine Kelly in a shrill tone, and Cochran takes his seat with a half-formed query on his lips. Round number one is ended and with honors even with a miss apiece recorded against Hendon and Whallen; Byrnes isn't in it; a number of the boys are keeping tally. Next man up is Kastenbine; the old sheep, as the students dubbed him. Assuming an aggressive air, which is new to him, he puts his questions with surprising force and vigor; he commences to warm to his work and shoots them in lively; Whallen misses a question which is passed to Hendon who answers correctly; a second time he misses and Hendon scores; a third time this is repeated and Whallen is badly rattled; he has slipped down until his occiput rests upon the back of his seat; Hendon is plainly conscious of his advantage and doesn't fail to follow it up; he seems to acquire renewed confidence and fresh vigor; not a muscle moves save his lips; every nerve is strung to its highest tension. One after another the

members of the faculty take their turn at quizzing: Whallen never recovers his equilibrium while Hendon coolly increases the lead gained in the second round; big Medicine Kelly is the last man up and Hendon scores another point; it's plain to everybody who wins; the Faculty retire for consultation and return and announce Whallen the winner; this decision is finally changed and the contest is declared a draw, but every man there knew who the real winner was.

O. K. Fox,

Louisville, Ky.

THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

To the Editor:

May I call the attention of those of your readers who are thinking of coming to Philadelphia to attend the semi-centennial meeting of the American Medical Association to be held June 1, 2, 3, and 4, 1897, that there will be in addition to the meeting of the Association at the same time a large mercantile convention which will to a certain extent utilize a considerable number of the rooms in the various hotels. For this reason it is advisable that physicians who intend to be present at the meeting should write at once to one of the following hotels engaging such rooms as they desire at the rates named:

Hotel Walton—Broad and Locust Streets: \$1.50 and upward per day, European plan; \$4 and upward per day, American plan.

The Collonade—15th and Chesnut Streets: \$1 and upward per day, European plan; \$3 and upward per day, American plan.

The Lafayette—Broad and Chesnut Streets: \$1 and upward per day, European plan; Table d'hôte: breakfast 25 to \$1, luncheon 75, dinner \$1.25.

The Bingham House—11th and Market Streets: \$2.50 and upward per day, strictly on the American plan.

Hotel Stenton—Broad and Spruce Streets: \$2 and upward per day, European plan; \$4 and upward per day American plan.

The Continental—9th and Chesnut Streets: \$3 and upward per day, strictly on the American plan.

The Windsor—11th and Filbert Streets: \$1 and upward per day, European plan; \$2 per day, American plan.

The Stratford---Broad and Walnut Streets: \$1 and upward per day, European plan only.

Girard House---9th and Chesnut Streets: \$2.25 to \$3 per day, strictly on the American plan.

Hotel Hanover---12th and Arch Streets: \$2.50 per day, strictly on the American plan.

Aldine Hotel---Chesnut Street above 9th: special rates to members of the American Medical Association, \$2.50 per day, on the American plan; \$1 to \$3 on the European plan.

The prices quoted in each instance is for one person only. Rooms commanding only the lowest price are naturally limited in number. It is especially desirable that each member intending to be present at the meeting shall personally, or by letter, make his arrangement with the hotel at which he desires to stop.

It is worthy of note that the rate of \$1.50 per day at the Hotel Headquarters, the "Hotel Walton," is the rate for two people in one room.

All these hotels are within a few blocks of the meeting place and most of them are within two blocks. As a sub-committee of the General Committee of Arrangements has arranged clinical courses in all branches of Medicine at the various teaching institutions and large hospitals during the week prior and following the week of the Association meeting, it has been thought that a considerable number of physicians would be glad to embrace the opportunity of brushing up upon the various branches by attendance on these courses, for which no charge will be made by the gentlemen giving them and as their stay in this city will therefore be more than a few days, it has occurred to the Committee that some of the visiting physicians may wish to take rooms at some good boarding house. The Chairman of the committee on Reception and Accommodation, Dr. G. E. de Schweinitz, 1401 Locust Street will be glad to send the address of such boarding houses to gentlemen desiring to stay here for a week or more.

The large number of gentlemen who have already signified their intention of attending the meeting, and the very large number of able and interesting papers already placed upon the programs indicate that this will be the most important meeting which the Association has ever had and it is hoped that every

physician who is a member of a regularly organized County Medical Society will make an effort to attend.

The meeting halls for the various Sections are situated so close to one another that different papers in different Sections can be readily listened to during a single morning's session by those who do not wish to devote their time to one particular specialty.

Very truly yours,

H. A. HARE, M. D.,

Chairman of the Committee of Arrangements.

Following is the announcement of the next meeting of the Yazoo-Delta Medical Association. I take great pleasure in making this announcement, which I do at the request of its accomplished recording secretary. This young Association is said to be one of the most active and progressive in the South. With such men at its head as the following official list shows it can not fail of success; nor can it fail to accomplish good in the field of its labor:

YAZOO-DELTA MEDICAL ASSOCIATION—LIST OF OFFICERS AND COMMITTEES.

President—J. W. Dulaney, Rosedale, Miss.

Vice-Presidents—D. M. McGehee, Shell Mound, Miss.; Anthony Miller, Panther Burn, Miss.

Recording Secretary—S. R. Dunn, Greenville, Miss.

Corresponding Secretary—G. L. Pope, Leland, Miss.

Treasurer—D. C. Montgomery, Greenville, Miss.

Executive Committee—J. L. Owen, Mound Landing, Miss.; J. B. Pease, Gunnison, Miss.; D. S. Humphreys, Erwin, Miss.; E. H. Martin, Green Grove, Miss.; J. M. Wells, Cleveland, Miss.

Necrology—J. N. D. Shinkle, Friars Point, Miss.; J. R. Barkley, Woodburn, Miss.; J. F. Archer, Shelby, Miss.; W. H. Seudder, Mayersville, Miss.; S. T. Hambelin, Rolling Fork, Miss.

Contribution—S. R. Dunn, Ex-Officio, Greenville, Miss.; D. C. Montgomery, Greenville, Miss.; G. L. Pope, Ex-Officio, Leland, Miss.; J. W. Dulaney, Rosedale, Miss.; D. S. Humphreys, Erwin, Miss.

Publication—S. R. Dunn, Ex-Officio, Greenville, Miss.; D. C. Montgomery, Ex-Officio, Greenville, Miss.; S. Winchester, Green-

ville, Miss.: T. R. Henderson, Greenwood, Miss.; J. L. Dodge, Bolivar, Miss.

Arrangements—J. W. Dulaney, Ex-Officio, Rosedale, Miss.; N. C. Skinner, Greenville, Miss.; S. R. Dunn, Ex-Officio, Greenville, Miss.; C. M. Currell, Greenville, Miss.; M. R. Eatherly, Winterville, Miss.

SPECIAL TOPICS.

General Surgery—J. A. Shackelford, Chairman, Greenville.
Gynecology and Obstetrics—J. D. Smythe, Chairman, Greenville.

Water Supply—O. W. Stone, Chairman, Elizabeth.

General Medicine—J. H. Maddox, Chairman, Pertshire.

Hygiene—E. A. Cheek, Chairman, Arcola.

Micro-Organisms—S. Winchester, Chairman, Greenville.

Malarial Hæmaturia—E. H. Martin, Chairman, Green Grove.

Phthisis Pul.—J. B. Pease, Chairman, Gunnison.

Dysentery—J. M. Mathis, Chairman, Merigold.

Continued Fever—T. A. Harris, Chairman, Rosedale.

Gonorrhœa—J. F. Archer, Chairman, Shelby.

GREENVILLE, MISS., March 14, 1897.

Dear Doctor—At the meeting in Rosedale, Miss., May 20, 1896, the report of the Nominating Committee resulted in the selection of the foregoing Officers and Committees to serve for one year from date. Physicians intending to read papers will please report same to either the Chairman of the Section to which the paper belongs or the undersigned Recording Secretary, by May 1, 1897.

The next meeting of the Association will take place in Greenville, Miss., on Wednesday, May 19, 1897. All physicians in good standing are cordially invited to attend. The usual reduction in hotel rates and railroads on the certificate plan will be secured. Procure certificates from your depot agent.

S. R. DUNN, Recording Secretary.

Editorial.

H. H. HARALSON, M. D., - - - - - BILOXI, MISSISSIPPI.

Editor and Proprietor.

SUBSCRIPTION: ONE DOLLAR PER ANNUM.

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THE APRIL EXAMINATION.

The State Board of Health met in the City of Jackson, April 5th, and on the 6th examined seventy-eight applicants to practice medicine in this State. Of this number thirty-nine passed and thirty-nine failed. The most of these applicants were students from Memphis Hospital Medical College, Tulane and Louisville Medical College. When the applicant is voted on by the Board his name is not known by the members, nor is his school of graduation, so where an applicant fails to pass it can not be charged that "the Board has it in for him" or his school.

The following facts relative to the failures in this examination mean something, and it should be ascertained by the schools what they do mean and if possible correct them:

MEMPHIS HOSPITAL MEDICAL COLLEGE—Graduates passed, 8; non-graduates passed, 2; graduates failed, 10; non-graduates failed, 10.

TULANE—Graduates passed, 6; non-graduates passed, 5; graduates failed, 0; non-graduates failed, 5.

LOUISVILLE MEDICAL COLLEGE—Graduates passed, 5; non-graduates passed, 2; graduates failed, 1; non-graduates failed, 2.

VANDERBILT—Graduates passed, 1; non-graduates passed, 0; graduates failed, 0; non-graduates failed, 2.

UNIVERSITY OF TENNESSEE—Graduates passed, 1; non-graduates passed, 0; graduates failed, 2; non-graduates failed, 2.

UNIVERSITY OF THE SOUTH—Graduates passed, 2; non-graduates passed, 1; graduates failed, 0; non-graduates failed, 0.

Several other colleges had one or two each before the Board, some passed and some failed. I do not publish the above figures with the view of bringing any college into bad repute but to see if it is not possible to find the cause of the low standing

of applicants from some colleges and the high standing from others. For purposes of comparison we will take Tulane and the Memphis Hospital Medical College. Of the five applicants from Tulane who were graduates, five passed. Of the eighteen applicants from the Memphis Hospital Medical College who were graduates, eight passed and ten failed to pass. I can not believe that this great difference in the standing of the students from these two colleges is due to their methods of teaching, or to the superior efficiency of the teachers of the one over the other. We might as well face the facts and speak what we believe to be the truth and what we believe the papers of the applicants from these two schools will demonstrate. The fault, in my judgment, is not in the imparting of information but in the receiving of students.

I believe the day has dawned when medical colleges must lose sight of the commercial side of this question and look only to the scientific side. When a young man presents himself for admission to a medical college and he is found, upon examination, to be unprepared to enter upon the study of so intricate a science as that of medicine, the college must learn to close its eyes to the money proffered by that young man in the way of fees if it desires to maintain its standing before the profession of this country. Most of the schools advertise an educational requirement. How many of them enforce it? Each year's service in the capacity of examiner only strengthens the opinion that I have long entertained, that medical colleges should be more rigid in their preliminary examinations than in their final examinations. Medical colleges should either refuse to admit illiterates to their classes or else prepare to teach them during their course.

The commencement exercises of the medical Department of Tulane University were held on the 14th of April, in the Grand Opera House, New Orleans. I regret that I can not publish in full the address of Prof. S. E. Chaille, Dean of the Faculty, to the graduating class. It contained many points of momentous importance to the young graduate and could be read with much profit by the older physicians as well. Eighty-three young men received their diplomas, and in each diploma was enclosed a copy of the Code of Ethics of the American Medical Association.

tion. In delivering the diplomas, and referring to this, Prof. Chaille said:

"This code commands the allegiance of the most reputable members of the medical profession; it admonishes the physician of his obligations to the public, to his patients, to his fellow-physicians and to himself; it maintains in all things the honor and dignity of the medical profession, and it upholds a standard emblazoned with the sacred command: 'Do unto others as you would be done by.' If you are to be esteemed as worthy members of the medical profession; if you are to be cherished as beloved sons of this college, you will subscribe to this code and honor it in your careers, as the soldier honors the flag waving at the front of his command."

In the same address Prof. Chaille, continuing, said:

"Our Code of Ethics denounces, in the maintenance of morality, all pretension, deception and trickery as devices of quackery. None the less, these devices of quackery often gain the quickest success, and sometimes the greatest fortunes. The reputable physician is forbidden not only to puff himself, but also to consent that others, including his wife and the newspapers, shall puff him. However remunerative to quackery is its monopoly of the advertising field; however damaging this is to the people; no reputable physician can condescend to any compromise with quackery in the pretentions and deceptive advertisements that every day gravely delude the public.

"There are two other money-making expedients that widen the abyss between the quack and the reputable physician. Whoever makes money his first and humanity his second consideration violates the code and is guilty of quackery; hence, whoever makes an invention or discovery, calculated to relieve human suffering, and maintains, for his own profit, a greedy and inhuman secrecy, violates the code and is guilty of quackery. He who has a secret remedy is no friend to humanity, and is no better than a vile trader in life and death, deserving the contempt not only of every physician but also of every philanthropist.

"Has the medical profession proved that humanity is its first consideration? Physicians have ever been the chief and, for the most part, the unpaid supporters of hospitals for the destitute; they have ever rendered to the poor gratuitous services, as does no other profession undedicated to this work; and they have ever been the leaders in unceasing efforts for sanitation, whereby the ravages of disease, and, at the same time, the profits of the medical profession have been enormously curtailed. And if a very large proportion of the sickness and premature deaths still afflicting mankind has not been prevented, this incessant tragedy is due to public ignorance and negligence, and

is not due to lack either of professional knowledge or of persistent entreaty for its application.

"The benefits bestowed on humanity by the medical profession, with its free gifts to the world of every invention and discovery, are incalculable. Among many examples it will suffice to recall vaccination, and the anti-toxines and other remedies originating from it, remedies now alleviating much suffering and sickness throughout the world and destined to confer far greater relief.

"Who can recall a solitary invention or discovery of the quackery, so patronized by its dupes, the people, that has ever benefited mankind? History abounds with such boastful and lucrative pretensions of quackery as the following:

"In 1739 Joanna Stephens gained such notoriety by her so-called miraculous cures that she secured the public support of very numerous right reverend bishops, most noble peers, high and mighty dukes and duchesses, lords and ladies; that twenty justices (without one skilled expert in medicine among them) were chosen by Parliament to make careful examination, and they attested unanimously to the 'utility and efficacy' of her remedies; and that Parliament actually paid her \$25,000 for secret remedies that proved absolutely worthless. Such facts provoke one comment and one inquiry. Oh! what fools these mortals were in 1739, and are all fools dead in 1897?

"In further illustration of the abyss which separates the reputable physician from the disreputable quack, suppose, solely for argument's sake, that a physician should discover a cure for drunkenness and should, by secrecy, utilize his discovery, not for the benefit of the hundreds of thousands of drunkards throughout the world, but solely for the personal profit to be made out of a few thousand of them near his home. Then, remembering that even the woes of gory Armenia are but a fraction of the woes drunkenness is causing and is yet to cause mankind, you may realize the hideous inhumanity of such a discoverer. A conceivable explanation of such a reprobate would be that he had become possessed of Mark Twain's conscience, which gradually withered into such a deformed and tiny little dwarf, that Mark kicked it out of his front door as a pestiferous superfluity, and has had no conscience since.

"To gain some idea of the profits of quackery, consider the fact that in one year, 1890, the manufactories of patent medicines in the United States sold their products for \$32,622,123. Now, if the retailers doubled the price to consumers, as is more than probable, then the people of this country paid for their patent medicines, which very surely do much more harm than good, money enough to have paid every one of the 104,805 "physicians and surgeons" of the United States an annual income exceeding \$600. This evil has not diminished since 1890, and, if the money expended on all other forms of quackery could be added to the

above sum, then would be realized the enormous amount expended on quackery by the people in this, the favorite land of the quack and the home of his dupes. How long will our laws, made for the people by the people, permit patent medicine corporations to so seduce, by profitable advertisements, our public press, the greatest teacher of the people, and to so seduce, by profitable discounts, our druggists, the chief distributors of medicines, that both newspapers and druggists have become paid agents for duping the people to their grave detriment?

Why is it that quackery so succeeds? All of us fear injury, and this breeds suspicion, and all long for benefits, and this breeds credulity. Both suspicion and credulity are greatest where ignorance is greatest. And since there is no knowledge, of universal and daily application, which is so little understood by the people, as the structure and functions of the human body with its diseases and their remedies, there is no subject as to which suspicion can be so readily lulled to rest and credulity be so easily fanned into flame. Successful quacks fully appreciate and unscrupulously play upon the human infirmities, suspicion, credulity and ignorance of medicine; and quackery will continue to succeed, as it has always done, just as long as man can be easily beguiled by pretension, deception and trickery. 'Man,' said Southey, 'is a dupable animal. Quacks in medicine, quacks in religion, quacks in politics, know this and act upon the knowledge. There is scarcely anyone who may not, like a trout, be taken by tickling.' Every comparison between the quackish and the reputable practice of medicine always recalls to me a literary relic from ancient Rome—man's feet cling to the earth, but his face turns upward to Heaven, in part beastly, he is in part divine."

IMPORTANT BUSINESS TRANSACTION.

The most interesting and the largest attended meeting in the history of the Mississippi State Medical Association was held in the city of Jackson, beginning April 21, and concluding April 23, 1897. During this meeting more than two hundred physicians of the State were in attendance and twenty-six new members were added to the roll.

One of the special features of the business part of the meeting was the turning over of the *MEDICAL RECORD* to the Association as its journal. This was contemplated by the publication committee when the *RECORD* was established. This committee thought it unwise to inaugurate an Association journal without again submitting it to the Association. The enterprise has

been under consideration by the publication committee now for nearly or quite two years, and was referred to the Association one year ago at Vicksburg. The Association referred the question to an editor of the Transactions to be named by the Publication Committee.

At first there was some little dissatisfaction on the part of a few of the members because it was thought by them that it was done to force the members of the Association to subscribe for the journal, being under the impression that the dollar for such subscription went to the editor. But after learning that the journal had become the property of the Association and that the dollar went to the Association instead of the editor they all appeared to be satisfied.

The RECORD, which will embrace the transactions of the Association, will be sent to each member just as it is sent to any other physician, on the payment of one dollar. At the end of each volume members of the Association whose dues are paid can send their copies of the RECORD to the editor and they will be bound in cloth and returned to the member, making a volume of about 600 pages. This volume will not only embrace the Transactions of the Association but it will also contain a complete record of Medicine in Mississippi. It will be almost invaluable to a Mississippi physician. It will contain matter not published in the RECORD, such as Constitution and By-Laws, Code of Ethics, Roll of Members, etc., etc.

Subscribers to the RECORD who are not members of the Association can secure this volume bound in cloth, with the additional matter, by returning the numbers composing the volume with two dollars. The subscriber and member must pay express or postage both ways.

It now behooves every member of the Association to send his dues at once to the Assistant Secretary, Dr. C. H. Trotter, Bogue Chitto, Miss., and the subscription price of the RECORD to Dr. H. H. Haralson, Biloxi, Miss. Of course, parties who have heretofore paid their subscription are not expected to pay again. This money has been paid to the Association.

Each member of the Association now has as much interest in the RECORD as I have; it is as much his as mine, and if each one will put in as much time in its behalf as I propose to do, there will not be a physician in the State who will not be a pay-

ing subscriber to the RECORD. It may be of interest to some to know that each officer of the Association, as well as the editor of the Transactions, and now of the RECORD, is doing his work without compensation. A knowledge of this fact ought to stimulate members who are in arrears, to send their dues at once to the Assistant Secretary, and those who have not already subscribed for the RECORD to do so at once.

The following officers were elected for the ensuing year: Dr. W. M. Paine, Aberdeen, President; Dr. J. A. Crisler, Canton, First Vice-President; Dr. R. E. Jones, Crystal Springs, Second Vice-President; Dr. J. R. Tackett, Meridian, Secretary; Dr. C. H. Trotter, Bogue Chitto, Assistant Secretary; Dr. D. S. Humphreys, Erwin, Corresponding Secretary; Dr. J. F. Hunter, Jackson, Treasurer. The place of next meeting is Jackson, and the time the third Wednesday in April, 1898.

THE AMERICAN MEDICAL ASSOCIATION.

"The Forty-eighth Annual Session will be held in Philadelphia, Pa., on Tuesday, Wednesday, Thursday and Friday, June 1, 2, 3 and 4, commencing on Tuesday, at 10 a. m.

"The delegates shall receive their appointment from permanently organized State medical societies, and such county and district medical societies as are recognized by representation in their respective State societies, and from the medical departments of the Army and Navy and the Marine Hospital Service of the United States.

"Each State, county and district medical society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number; Provided, however, that the number of delegates for any particular State, Territory, county, city or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association.

"Members by Application.—Members by application shall consist of such members of the State, county and district medical societies entitled to representation in this Association as

shall make application in writing to the Treasurer, and accompany said application with a certificate of good standing, signed by the president and secretary of the society of which they are members, and the amount of the annual subscription fee, \$5.00. They shall have their names upon the roll, and have all the rights and privileges accorded to permanent members, and shall retain their membership upon the same terms.

"The following resolution was adopted at the session of 1888:

"That in future each delegate or permanent member shall, when he registers, also record the name of the Section, if any, that he will attend, and in which he will cast his vote for Section officers."

"Secretaries of medical societies, as above designated, are earnestly requested to forward, at once, lists of their delegates." Address the Secretary, 1400 Pine Street, Philadelphia.

Dr. H. S. Gully of Meridian, has been appointed a member of the State Board of Health to succeed Dr. F. D. Smythe of Kosciusko, resigned. Dr. Gully is one of the ablest physicians of the State and there is not a man in the district he will represent that would make a more efficient member. He was at one time assistant superintendent of East Mississippi Insane Asylum, and when leaving there he located in Meridian, where he has built up a very fine practice, and has the respect and confidence of the people and the profession.

Public Health.

Board of Health, State of Mississippi.

W. G. KIGER, M. D., President, Brunswick.

J. F. HUNTER, M. D., Secretary, Jackson.

H. A. GANT, M. D., Water Valley.

S. R. DUNN, M. D., Greenville.

B. F. DUKE, M. D., Moss Point

R. W. ROWLAND, M. D., Flora.

W. S. GREENE, M. D., Aberdeen.

H. S. GULLY, M. D., Meridian.

O. B. QUIN, M. D., McComb City.

C. H. MURRY, M. D., Ripley.

G. W. TRIMBLE, M. D., Grenada.

H. H. HARALSON, M. D., Biloxi.

TO REGULATE THE SALE OF FOOD, DRINK AND MEDICINE.

—State Senator Revell of Chicago, has introduced to the Illinois legislature a bill intended to regulate the manufacture of baking powder, patent medicine, breadstuffs, the preparation of spices, pepper, coffee, tea, and other articles of food. The bill provides for the appointment by the governor of an inspector of all articles of food, drink and medicine. He shall appoint a corps of assistants to assist him in his work and it shall be his duty to condemn such articles if they are found to contain anything injurious.—*Journal of American Medical Association.*

THE PLAGUE.—The reappearance and frightful devastation of life in India by the bubonic plague calls attention to one of the oldest-known and most abhorrent diseases afflicting the human family. Essentially a disease of *bad hygiene*, it has descended upon the people of those countries where cleanliness and sanitation were unknown and unthought of, and was consequently of frequent occurrence in Europe, Asia and Africa from the earliest writings up to the revival of learning in the sixteenth and seventeenth centuries. Especially prevalent was it during the fifteenth century in North Africa, Egypt, Arabia, Syria, Palestine, Asia Minor, Persia, India, China and Europe generally. In the latter part of the seventeenth century a remarkable lessening of the area of prevalence of the disease began to take place. From 1660 to 1680, plague disappeared from Italy, England, Western Germany, Switzerland, Netherlands and Spain. During the next century but two serious outbreaks occurred in Europe, the first (1703-13) involving Turkey, Austria, Bohemia, Poland and Eastern Germany and the second (1720-22) involving Provence. At the

close of the first third of the nineteenth century the area of prevalence in Europe was confined to the easternmost part of the Turkish Empire, and in 1841 plague ceased on the continent altogether. While this change was going on in Europe, the plague disappeared from Northern Africa (except Egypt) from Mesopotamia, Persia, and in 1844 in Asia Minor, Palestine and Syria. Since then it has been confined almost entirely, epidemically, in China and India especially, while sporadic limited outbreaks have taken place in Persia, Asia Minor and occasionally in Arabia.

Several memorable outbreaks have taken place, especially the "black death," which spread over the whole of Europe and Asia in the fourteenth century, causing an inconceivable mortality; the great plague of London, 1665; also the outbreak of 1780 in Marseilles; the plague of Moscow, 1770, and the later outbreaks in Turkey, Syria and Egypt. These have become historical from the fatality which accompanied them. But still more memorable, from these terrible outbreaks, will remain the one which occurred in Hong Kong in May, 1894, when Kitasato discovered the true cause underlying the dreaded disease.

The bacillus discovered by Kitasato is a short rod with rounded ends, resembling the bacillus of chicken cholera, growing in a perfectly characteristic manner. His conclusions regarding the bacillus are as follows: (1) In the plague, bacilli are found in the blood, glands and viscera. (2) This particular bacillus is not found in any other disease. (3) Obtained in pure culture, it is capable of producing in inoculated animals the same effects as in human beings. (4) It gains entrance into the body through (a) the respiratory tract, (b) excoriations of the skin, (c) the digestive tract.

It may, therefore, be said that its cause, once discovered, therapeutic procedure will soon be advanced to cope with this most fatal disease, and these means have already been tried in the Bombay epidemic with considerable success.—*Buffalo Medical Journal*.

TYPHOID BACILLI IN THE URINE.—Dr. P. Horton Smith at a recent meeting of the Royal Medical and Chirurgical Society read a paper on the presence of typhoid bacilli in the urine of patients suffering from typhoid fever. Since the year 1886 vari-

ous papers had appeared, for the most part in Continental journals, stating that typhoid bacilli occurred with great frequency in the urine of patients suffering from typhoid fever. The writers found them generally with great ease, and sometimes as early as the third day. The importance of such a statement, if correct, from a hygienic and diagnostic point of view was obvious. Later research had, however, shown that the methods of examination employed by all observers who had written on this subject were incapable of distinguishing the typhoid bacillus from others like it, and especially from bacillus coli communis, which was not uncommonly found in urine. Hence all statements made hitherto as to the presence of typhoid bacilli in urine fell to the ground. The author therefore determined to examine the matter afresh. Seven typhoid cases had been examined, sixty-one observations in all having been made. Method: Small and large quantities (filtration method) of urine, obtained aseptically, were inoculated on to the surface of gelatine plates. The suspicious colonies, if any, so obtained were examined by all "ordinary" methods for distinguishing the typhoid bacillus, and also by various special tests, not used by the former observers referred to, but absolutely essential if a correct diagnosis of the typhoid bacillus was to be made. These special tests were—(1) the cilia test; (2) the serum test; (3) the power of forming slight acidity in milk after twenty-four hours. These tests taken together with the other, *did* distinguish the typhoid bacillus from all others like it, and thus the sources of error of former observers were eliminated. Results: (1) Three cases out of seven examined contained the typhoid bacilli in the urine at some period of the disease, sometimes in enormous quantities; the other four cases never; (2) the bacilli were never found in the first or second week (seventeen observations). They first appeared in the third week or later. In one case they persisted in the urine until 22 days after the temperature had come down for good. Conclusions: (1) Examination of the urine was of little value for diagnostic purposes, since the bacilli only occurred in it, when they did so occur, late on in the disease; (2) the urine was often, though not in all cases, a serious source of infection, and should so be reckoned with.—*Charlotte Medical Journal*.

THE DISCOVERY OF THE YELLOW FEVER MICROBE.—There appears to be no doubt that Dr. Giuseppe Sanarelli has discov-

ered the bacillus of yellow fever. He will publish an account of his discovery in the next number of a leading Italian hygienic publication which will be issued in the course of the next few weeks according to the *British Medical Journal*. Dr. Sanarelli is a native of Arezzo, and is now 35. He studied medicine at Siena, and later experimental hygiene under Celli in Rome, Roux in Paris, and Behring in Berlin. In July, 1893, whilst libero docente in Siena, he was appointed Director of the Institute of Hygiene of Montevideo. During the summer of 1896, he went to study yellow fever at the lazaretto in the island of Flores, where he performed a large number of necropsies, and was himself with the disease. When he recovered he pursued his investigations at Rio Janeiro where the disease was very prevalent. He remained there about two months, and succeeded in discovering the bacillus. La Nazione, of Florence, has published an article sent by a correspondent in Montevideo which states that for some little time Sanarelli's modesty did not permit him to believe in his success, but in August his experiments were so clear that he was certain of the discovery of the microbe, and he then occupied himself with the preparation of the serum, in which he encountered many difficulties. Professor Sanarelli himself says that "the microbe of yellow fever now splendidly presents, and is the strangest of all the microbes that are known." His experiments are very extensive; he has vaccinated more than 2,000 animals, including rabbits, goats, sheep, monkeys, and a few horses, and he did all this himself because he did not wish his discovery to leak out. The results of the treatment are definitely reassuring, and in October, 1896, he decided to announce confidentially to the President of the Republic of Uruguay the splendid results that have crowned his studies in the origin and cure of yellow fever. If this remedy be truly efficacious, Dr. Sanarelli will obtain the reward of 150,000 scudi (£30,000) offered by the Brazilian Government for the discovery of such a remedy. —*Charlotte Medical Journal*.

The memorial of the State Medical Association to transfer the State quarantine to the Federal government was presented to the senate and referred to the committee on federal relations on the 22nd of March. The committee returned it to the senate with the report that the quarantine laws of the State need no amendment or change.

At this writing the memorial has not been introduced in the House. The Association's committee were not present. The State Health Officer, we learn, was present by invitation, but made no remarks.—*Texas Medical Journal*.

Surely the senate did the wise thing in refusing to transfer the State quarantine to the Federal government. It is strange that the State Medical Association ever made the request. When the memorial is introduced in the House it will also act wisely if it takes the same position the senate did. If the Texas legislature desires to endanger the health of its people it could not do it more speedily and perfectly than by making this transfer.

* * *

Yellow fever now prevails in Havana, Cardenas, Sagua la Grande, Santiago, all Cuban sea ports. It also prevails in Rio de Janeiro, whence the infected vessel *Fiducia*, recently sent from Mobile to Gulf Quarantine Station at Ship Island, came.

Abstracts and Extracts.

FELONS AS PHYSICIANS.—A recent editorial in a daily paper discusses the question of the moral qualifications that should be demanded of the practitioner of medicine, taking as its text a late decision of the New York court of appeals. A statute enacted two years ago disqualified any one who had been convicted of a felony from the practice of medicine. An individual indicted under this law pleaded in defense, first that his conviction antedated its passage and that, further, the law was unconstitutional in that it prevented him from earning his livelihood in a recognized legitimate profession. The defendant was convicted, appealed the verdict and the case was carried up to the court of last resort, where the decision was affirmed. The court held that the legislature could properly prohibit any one from practicing medicine who had been convicted of a felony before or after the passage of the act, and that the law was altogether constitutional. In the language of the editorial which probably embodies the substance of, or is quoted from, this decision:

"The preservation of the public health is one of the highest functions of the government, and the legislature may undoubt-

edly provide the mode by which, in its judgment, the public health may be best protected. One of these modes is the safeguards thrown around the practice of medicine, such as learning and character. The legislature may and should require that those who practice medicine shall be persons of good moral character. The most delicate and important duties are entrusted to physicians. They are admitted into the family circle, become cognizant of the most important and sacred family secrets, are permitted to administer powerful drugs and have the responsibility for and care of the lives, the health and the welfare of its members. It is only individuals of the highest character that should be entrusted with such privileges, and it is perfectly competent, therefore, for the legislature to prohibit criminals and felons from entering such a profession."

It is perhaps well that there should be a legal sanction thus given to a certain moral or legal rating for our profession. It is also a fortunate thing for the public that, as a rule, regular physicians have a high ethical and professional standard, and whatever their private lapses in some points of moral conduct may be, they seldom, or indeed almost never, violate the trusts placed upon them. The medical profession, it can be safely said, stands as high as regards its sense of right and honor, and its practical application of the same, as any, not excepting the military and the clerical professions, and there is as little need, on the whole, for enactments of the nature of the New York law, as could possibly exist with so large a class, in which inevitably some black sheep must occasionally be found. It is only on account of these, fortunately rare, exceptions that it can have its utility, but that these occur there is ample evidence. It is not very long since that, in the writer's own knowledge, an ex-convict was successfully practicing in one of our inland cities as a regular physician, and he continued to do so until a second conviction for a new offense consigned him again to the penitentiary. It is only just to say, however, that in neither case, it is believed, were his crimes for which he was convicted, directly connected with his medical practice; though a habitual criminal and probably belonging morally and physically to that class of degenerates, he still had a spark of the professional honor of the profession to which, though as a sort of pariah, he belonged.

There is, however, a large class of men, known to every one, and who are popularly estimated as physicians, for whose benefit such a regulation as this New York law would especially be of value. Unfortunately, they too often escape the penalty for

their misdeeds, either by successful concealment of their misdoings or by failure of the courts to convict, and go on flourishing on the profits of their crimes. Still, such a law would occasionally settle one of them, and its moral effect would be good on the class as a whole. It would be only one safeguard, but it would prevent the possibility of what has repeatedly occurred, viz., the return to their old practices of once convicted abortionists and blackmailers. The rarely possible instances where such a law could work hardship, as in case of persons wrongfully convicted, could be easily met by special legislation, if necessary, and this would be in its way the most thorough and satisfactory vindication. It is true that there may be on the statute books some laws under which physicians could be convicted for no actual or intentional crime—a paper, for example, was recently read before a New York medical society which demonstrated that almost any physician could be found guilty under the law of manslaughter—but this danger is not a very imminent or probable one, and need not give any concern to an honest medical practitioner.

As a measure for the protection of the medical profession, and still more for the protection of the general public, such a law prohibiting convicted felons from passing themselves and practicing as physicians, is eminently desirable and should be extended to other communities and commonwealths than the State of New York, where alone it seems to be now effective. — *Journal of the American Medical Association*.

Medical News and Miscellany.

FOR SALE IN MISSISSIPPI.—A two thousand dollar practice, seven room residence, all necessary outbuildings, a well of good water, 6 acres of land attached, in a growing railroad town with good church and school facilities. Address this office.

An act to create the Mississippi Department of Public Health, to specify its duties and powers, to provide for the collection and publication of vital and mortuary statistics in the State, and to promote public health generally, passed just before the adjournment of the last legislature, was approved by the

governor a few days ago and is now a law, a fact learned just as we go to press. A committee appointed by the Association while in session, consisting of Drs. H. H. Haralson, J. W. Gilbert and P. W. Rowland waited on the governor and, under instructions from the Association, pointed out the many advantages of such a law. I will have more to say of this important measure next month.

AN ACROSTIC—LA GRIPPE.

All the nerves gone on a bender,
 Not an organ is exempt,
 Teeth and scalp and muscles tender,
 Icy chills, the bones pre-empt;
 Kaleidoscopic are the symptoms legion,
 As they over-run the system,
 Making life a weary region,
 No one able to resist them.
 Is there nothing that will cure?
 Antikamnia will, I'm sure!

Atlanta, Ga.

—FREDERICK B. SUTTON, M. D.

Dr. J. B. Bedgood and Miss Linda Gaddy, both of Purvis, Miss., were married at the Methodist church in that town at 7:30 o'clock April 28. Rev. W. H. Huntley of Lumberton, Miss., officiating. We wish them much happiness and success.

I have prescribed Bromidia with pronounced success in several cases of Nervousness and Restlessness, and in one case of Acute Cystitis. I have combined Papine with Bromidia which gave instant relief. Parenthetically, I may say I personally used a teaspoonful of Bromidia, after having successively lost several nights rest and procured a refreshing night's rest with no bad after effects.—CHAS. E. QUETIL, M. D., Philadelphia, Pa., Feb. 23rd, 1897.

The Tennessee State Medical Society will hold its regular meeting in Nashville commencing Tuesday May the 11th. Ample time will be provided by the committee of arrangements to take in the Centennial Exposition.

On Wednesday evening, April the 7th, occurred in Forest

Miss., a very pretty wedding. Dr. J. M. Alford of Gallman, led to the altar Miss Jessie Kirkland of Forest. Dr. Alford is a rising young physician of Copiah County, and his fair bride is one of the most highly cultured and charming young ladies of this State, and will make his home one of happiness.

Dr. J. J. Norton of Monroe City, Mo., having spent the winter in this city, has now returned to his home. Dr. Norton is a grand old man, as enthusiastic as a youth. May he yet live to see further advances in the profession he loves so well.

NATIONAL CONFEDERATION OF STATE MEDICAL AND EXAMIN-
ING AND LICENSING BOARDS.

OFFICERS—1897.

President—Wm. M. Potter, New York.

Vice Presidents—Chas. A. L. Reed, Ohio; J. N. McCormack, Kentucky.

Secretary-Treasurer—A. Walter Suiter, Herkimer, N. Y.

EXECUTIVE COUNCIL.

Perry H. Millard, St. Paul.

Jos. M. Mathews, Louisville.

Wm. S. Foster, Pittsburg.

Hugh M. Taylor, Richmond.

Jas. M. Hays, Greensboro, N. C.

PRELIMINARY ANNOUNCEMENT OF THE SEVENTH ANNUAL
MEETING.

OFFICE OF THE PRESIDENT, }
284 Franklin Street, Buffalo, N. Y., }
March, 15, 1897. }

Dear Doctor:

The seventh annual meeting of this Confederation will be held in the small banquet hall of the Hotel Walton, at Philadelphia, Monday, May 31, 1897, at 10 o'clock a. m. The following program has been arranged:

1. Address of welcome by A. H. Hulshizer, of Pennsylvania State Board of Medical Examiners.

2. Response by Vice-President Reed.

3. Report of the committee on minimum standard of requirements.

4. Report and discussion thereon.

5. Report of the secretary and treasurer.
6. Annual address of the president.
7. Some practical experience with, and results of, the medical law of Pennsylvania—Wm. S. Foster, Pittsburg.
8. The need for exact information as to the equipment, methods and requirements of our medical schools —J. H. McCormack, Bowling Green, Ky.
9. Address of Prof. J. W. Holland, M. D., Dean Jefferson Medical College, Philadelphia.
10. Paper.
11. Miscellaneous business.
12. Election of officers.
13. Adjournment.

The object of the Confederation is to consider questions pertaining to State control in medicine, and to compare methods in vogue in the several states; the collection and dissemination of information relating to medical education, and to consider propositions that have for their purpose advancement of the standards in the United States. A cordial invitation is extended to all members and ex-members of State medical examining boards, and to physicians, sanitarians and educators who are friendly to the objects named, to attend the meeting and participate in its proceedings.

By order of the Executive Council.

WILLIAM WARREN POTTER, President.

A. WALTER SUITER, Secretary.

The Mississippi State Board of Health appointed three delegates to attend this meeting, viz: Dr. H. A. Gant, Water Valley; Dr. S. R. Dunn, Greenville, and Dr. W. S. Greene, Aberdeen. These gentlemen will all attend the meeting and we have every reason to believe that their attendance will redound to the State's advancement in higher medical education.



Obituary.

Dr. Cornelius Attwood Rice of Biloxi, died at his residence, corner of Main and Water streets, March 27, 1897, after an illness that confined him to his room for more than three months.

Dr. Rice was born July 17, 1834, at Russellville, Ky., and while yet an infant his father, Dr. Joel C. Rice, removed his family to Yazoo County, Miss. Here the son was reared and educated, with the exception of two years spent in Blackman's High School, on Calliope street, New Orleans, La. Dr. Rice began to read medicine under the direction of his father in 1853, subsequently matriculated at the Medical Department of Transylvania University, Lexington, Ky., and was graduated M. D. in this institution July 17, 1855.

At the time of his death Dr. Rice had been engaged in the active pursuit of his profession for forty-two years. With the

exception of two years this long professional life was passed in Mississippi. He was a member of the Mississippi State Medical Association, of the Medico-Legal Society of New York, and of the American Public Health Association.

Dr. Rice held many important positions during his professional life, both State and National. He was one of the earliest members of the Mississippi State Board of Health and was its second president, was State sanitary commissioner and supervising inspector, 1881-'84; was a member of the State board of censors for examination of applicants for license to practice medicine in the State, 1882-'84; was supervising inspector for the National Board of Health, 1880, and was placed upon their list of permanent inspectors. He was commissioned surgeon in the Confederate States Army, 1863, and was post surgeon at Washington, Ga., at the surrender in 1865.

In December, 1884, Dr. Rice was appointed superintendent of the East Mississippi State Insane Asylum, at Meridian, Mississippi, and held the position until 1890.

Dr. Rice contributed many papers of interest to the Mississippi State Medical Association, viz: "Resuscitation from death by chloroform," 1864; "Ovariectomy," 1866; "Treatment of compound comminuted fracture of femur by position without bandages or splints, results in two cases," 1880; "Report of vesicovaginal operations," 1867; "Removal of ovarian tumor," 1866; also, "Report of excision of hip joint," 1866, circular No. 2, surgeon general's office, Washington. The surgical operations of Dr. Rice were many and varied. He served through several epidemics of yellow fever, cholera and small-pox.

He was married three times, first, in 1862, to Miss Laura Rose of Raymond, Miss., who died in 1863; second, in 1866, to Miss Julia Henly of Gallatin, Tenn., who died in 1868; third, in 1867, to Miss Mary Virginia Miller of Brandon, Miss., who survives him. He had no children.

Dr. Rice had been living in Biloxi only two years, but during this short period he made many friends in this city. He will be long remembered as one of the staunch members of the medical profession who never lowered its standard and who stood for everything that goes to make up honor and dignity in its ranks.

MEDICAL RECORD

OF

MISSISSIPPI.

VOL. I.

JUNE, 1897.

No. 3.

Original Articles.

Puerperal, Eclampsia.

By GEO. A. HENDON, M. D., LOUISVILLE, KY.

Last Sunday morning I was called in consultation to see Mrs. G., found her unconscious and having a convulsion about every fifteen minutes. The history of the case, obtained from the physician in attendance, is about as follows:

She was 37 years old, been married nine years, was a primipara, being about six months advanced in pregnancy. She was attacked the evening before with a severe pain just beneath the costal arch, extending across the front of the abdomen. Up to this time she had shown no unfavorable symptoms, having enjoyed better health than at any time before becoming pregnant. She called her physician about 12 o'clock at night; he told me that he found her in a hard convulsion. Upon examination I found a quick pulse, rapid breathing and total unconsciousness. She had had no hemorrhage, the os was dilated sufficiently to admit the index finger. A hurried consultation was held with the physicians in attendance, Doctors Owen, Blantenbeker and Marshall, in which it was unanimously agreed that the only plan of procedure, under the circumstances, was a quick delivery. After getting everything in readiness, I passed my index finger into the os and then by careful manipulation was, after some time, able to introduce two fingers part of the way. I found a roomy pelvis with a vertex presentation. During the examination the patient was seized with a convulsion which lasted prob-

ably five minutes, and recurred with alarming frequency. The os refused to further dilate and I was unable to pass my fingers past the cervix which seemed to be contracting instead of dilating. Appreciating the necessity of quick delivery I passed a pair of blunt pointed scissors between my two fingers in the os and divided the fibres of the contracted cervix which at once dilated. I endeavored to apply the forceps and deliver, but found that during my manipulations the vertex presentation had substituted by a shoulder and I was unable to introduce and apply the forceps. The patient being all the time anesthetized, I passed my whole hand into the vagina with two fingers in the uterus; was able to seize a foot and perform podalic version. Before, however, I was able to seize a foot I brought down both arms which prevented me from passing my hand over the abdomen to the foot. As soon as I secured a hold on the foot I aided the process of version by pressing upon the arm, thus using the humerus as a lever to push the body up towards the fundus uteri; at the same time making traction upon the foot. I finally succeeded in securing a hold upon both the feet and with gentle traction had no difficulty in delivering the body; the os, however, contracted, notwithstanding its severed fibres, around the child's neck and I was obliged to pass my two fingers between the cervix uteri and the fetal head in order to complete dilatation. The delivery of the child was immediately followed by profuse postpartum hemorrhage. With my whole hand in the uterus I removed the placenta and membrane as rapidly as possible, and by injecting into the uterus hot water and apple vinegar, also squeezing a lemon inside the uterine cavity, aided by external pressure, I succeeded in controlling the hemorrhage.

Two hours afterward the patient had another convulsion, but did not regain consciousness. I ordered for her chloral, 10 grains, by rectum as indicated. Saw her again next morning, still unconscious; the dusky hue of the surface of the body had disappeared, capillary circulation greatly improved; had no convulsions after 10 o'clock p. m., but passed a restless night; discovered on examination a left hemiplegia, pulse, 140; temperature, 101; catheterized and drew off half a pint of highly colored urine; same amount had been similarly obtained about 7 o'clock the evening of the operation; ordered some stimulants and nourishment, continuation of chloral per rectum, as indicated, the

convulsions heretofore having been controlled by chloroform. During my visit she roused and asked for water.

Returned next morning, having left her in charge of the family physician, found her perfectly conscious having passed a fairly good night; temperature, normal; pulse, 96; taking nourishment freely and drinking large quantities of water; ordered mixture of infusion of digitallis and acetate of potash. She had passed urine voluntarily, not so highly colored as the day before, complained of feeling sore all over; would scarcely allow herself to be touched or moved. I removed the iodoform gauze with which the vagina had been packed the day before and immediately succeeding the operation, and found nothing more than a normal lochial discharge; irrigated vaginal canal with a one per cent solution of carbolic acid, ordered the irrigation repeated every day for three or four days, advised water freely with plenty of liquid nourishment; turned the case over to the family physician, the prospect being now bright for an uneventful recovery.

The point illustrated in this case is the necessity of early removal of the source of irritation. In my opinion it would have been fatal to the patient to have even dilated the os and waited for nature to expel the uterine contents, much less depending upon the administration of hypnotics, anti-spasmodics, etc.

All doctors know that every case is a law unto itself, and that in some instances life has been saved and pregnancies carried to full time by the use of these remedies, but we have always to submit ourselves to circumstances and act accordingly. In cases attended with frequent and violent convulsions it seems clear to me that the indication is for quick delivery, and the quicker delivery is accomplished the better chances you offer your patient. There might be three modes of treatment each applying to three separate degrees of violence. In the mildest form the treatment would consist of the administration of such drugs as chloral, chloroform, veratrum viride, etc.

In a more severe form dilatation of the os and allowing nature to expel the uterine contents.

For the still more violent case extreme dilatation and quick delivery by podalic version.

I examined the urine in this case and found that it contained almost 50 per cent, by volume, of albumen, large numbers of granular tube casts, epithelial casts and red blood corpuscles.

One singular feature is, that throughout her entire pregnancy she experienced no nausea, no ill feelings of any sort, had a good appetite and appeared in the best health.

Some Remarks Upon the Cause, Symptoms, Preventive, Medical and Surgical Treatment of Renal Calculus, With the Report of a Case.*

By FRANK DAVID SMYTHE, M. D., MEMPHIS, TENN.

Stone in the kidney, or renal calculus, is a condition attended with varying symptoms, producing in many instances the most intense pain in the region of the loin. There is frequently noticed in the urine, blood of a bright red color, associated with vesical tenesmus and increased micturition. Pus, together with albumen, is not an uncommon accompaniment, the quantity of urine may be increased, diminished or suppressed. While on the other hand these symptoms may be wholly absent, or show up in pathological states of the kidney uncomplicated by stone. Still, repeated attacks of nephritic colic makes the diagnosis of renal calculus reasonably sure.

The detection of stone in the urine after an attack of renal colic is conclusive evidence of the existence of nephro-lith.

My friend, Dr. Goltman, recording a case presenting a history of right-sided nephralgia, with blood and pus in the urine, which showed a decided kidney-shaped shadow on the fluoroscope on the right side in contradistinction to the shadow thrown on the left, which was scarcely to be seen, proving beyond a doubt that the body on the right side is denser than that on the left. Dr. Goltman is about to try to obtain a better result in this case by taking several pictures, hoping to secure thereby the exact outline of the stone.

The theories as to the cause of this affection are many. Possibly the formation of stone is dependent to some extent upon the too liberal use of limestone water. Such masters as Gross and Briggs believe that it is a factor in the causation of the trouble, and present long lists of cases in support of their position; while on the other hand Hunter, McGuire and others equally distinguished, assert that relatively fewer cases present themselves for treatment suffering with stone from the limestone

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regions than elsewhere. Very likely a predisposition exists in the individual to the deposit of the various salts; the uric acid diathesis and gouty tendency being essential to the development of the most common forms, *i. e.*, uric acid and oxalate of lime. Other varieties of stone, the phosphatic for example, form around anything capable of serving as a nucleus.

The pathological condition of a kidney affected with stone varies with from a simple passive congestion, localized inflammation of a low grade, to the complete destruction of the organ, depending upon the size of stone, amount of pressure and whether or not pyogenic germs have gained entrance into the organ. The kidney possesses the ability to function in many instances after extensive disintegration and destruction of the substance of the organ has taken place.

Treatment of renal calculus should be considered under three heads—preventive, medical, surgical. From the uncertainty of the cause of the trouble naturally no specifics are at hand. Though a great deal may be accomplished by prophylactic measures, it has been demonstrated, time and again, that a rigid milk diet, together with the free use of pure water, to which sodium potassium or lithium has been added; possesses the power of converting a most pronounced predisposition to stone into a calcular immune.

The medical treatment should properly consist of the prophylactic measures above mentioned in the interim, laying great stress upon the importance of quantity of water consumed. During the paroxysm no time should be lost in bringing the patient under the influence of opiates, and so kept until the stone has passed into the bladder, or regurgitated back into the pelvis of the kidney. There is no suffering to compare with the agony experienced during the transit of a rough stone through ureter to the bladder. Chloroform, for the purpose of relaxing, sometimes seems to hasten its expulsion. Manipulation has been successfully practiced by W. H. Bennett, but can not be considered a practical measure outside the hands of such men as he. The so-called solvents have come and gone, few teachers or clinicians of to-day attribute any such properties to their use as is heralded by the manufacturing chemists.

Renal calculi are usually found among those subjects that have inherited a reptilian liver and rotund brisket, hence are capable of tolerating a good deal of discomfort. The prognosis

is generally fair. In cases where the function of the kidney is seriously interfered with, urine suppressed or sepsis from nephritic suppuration is established, it then becomes an exceedingly serious problem, and resort must be had to surgical interference, which is justified according to Saundby.

First—Where a perinephritic abscess has formed.

Second—Where there is renal tumor with fever and pus or blood in the urine.

Third—Where pain is so persistent or frequently renewed in spite of medical treatment that the patients health and comfort are seriously impaired.

Fourth—Where there is persistent hemorrhage from the kidney.

Fifth—When suppression of urine has occurred the operation is best done through the lumbar route. By this means the kidney is quite accessible and should have the preference in the operation of nephrotomy for stone. In cases of hydro-nephrosis, where one-third or one-half of the abdominal cavity may be occupied by the tumor, always badly adherent, the medio-lateral operation is the one indicated. This method was adopted in my case, a report of which is appended.

Mrs. M., age 45, mother of five children, had been in bad health for many years. She stated that the enlargement in right lumbar and umbilical regions was first noticed at so remote a period that she was unable to fix the time when it began. She has experienced numerous attacks of intense pain in region of right kidney, lasting at times several days; from these attacks she would become much prostrated and recover with difficulty.

I first saw the case with Dr. Drane of French Camp, Miss. She was suffering with uterine hemorrhage of a troublesome character; for the relief of this appropriate measures were instituted. Finding the cervix badly lacerated and the perineum completely ruptured, these organs received then the proper attention, the result being primary union in both. The time occupied was not inconsiderable and in a case so illy able to bear shock, the convalescence was, as might have been expected, tedious.

I next saw her six months later; she was anæmic, emaciated, with no appetite, heart weak, voice husky, yet withal cheerful. The quantity of urine voided in twenty-four hours did not exceed one-and-one-half ounces; it was slightly albuminous,

containing epithelial and blood casts. She was put upon a regulated diet and given a liberal supply of mineral water at regular intervals, which had the effect of stimulating the kidney, and at the end of one week it amounted to twenty-six ounces per day. Analysis now revealed a better condition of affairs, both albumen and casts being absent.

With a full knowledge of the dangers to be incurred by an operation, the same was performed October 11, by making a medio-lateral incision down to the tumor, which occupied about one third of the abdominal cavity; the contents were walled in by dense layers of fibrous tissue intimately attached to adjacent structures. The sac was emptied by aspiration, the contents amounting to something over a quart. The kidney proper was found destroyed, the thickened walls of the pelvis alone remaining whereby the organ might be recognized. The capsule of kidney was lost in the sac coverings, having gone to assist in making up its thick envelope. Situated in the remains of the pelvis was found a stone weighing 532 grains, an exact cast of the fibrous remains of the organ, which specimen is herewith presented.

My friend, Dr. E. C. Coleman of Kosciusko, rendered me valuable assistance in this operation; very little time was consumed in completing it. I do not think that one drachm of blood was lost by operation. An interesting feature of this case was the total obliteration of renal vessels, the artery and vein, from prolonged pressure by the gradually accumulated water, with destruction of kidney, presumably explains their disappearance from the field. The wound was closed and the patient returned to bed with pulse quick and thready. She rallied somewhat a little later and was given stimulants freely, having immediately blanketed and surrounded her with hot water bottles. Eight hours later a catheter was used, the bladder being found empty, this was repeated several times afterward with the same result. The patient dying twenty-seven hours after operation from acute suppression.

A Case of Abscess in the Lung as a Sequel of LaGrippe, with Operation and Recovery.*

BY BUFORD LARKIN, M. D., OAK VALE, MISS.

F. H., male, age 25 years, had an attack of la grippe from which he made a very slow recovery. was sick for two or three weeks; had a very troublesome cough caused from bronchitis; while slowly convalescing, and able to walk out some, he was caught in a shower of rain and relapsed; had a high fever and suffered intensely with a pain in region of right nipple; did not see patient for two or three days after beginning of last attack, then his condition was as follows: Fever from 100 degs. to 102 degs., with evening exacerbations; pain had decreased somewhat, but the local tenderness, where the pain had been situated, was so great as to prevent any thorough examination of the chest; there was considerable tumefaction, over a space, perhaps, as large as a saucer; the intercostal spaces were obliterated; there was more or less cough and expectoration was profuse; the sputa consisted largely of pus and there were several hemorrhages; a hectic flush appeared on cheeks; night sweats were present; emaciation progressed rapidly and the patient had every appearance of one rapidly dying from consumption; this state of things continued for a week or two, growing worse instead of better, notwithstanding the treatment used, consisting of blisters and local applications in the incipience of the attack, tonics, cod liver oil, iron, quinine, etc., with the most nourishing diet obtainable; all these, however, did no good and his condition became so critical that I determined to operate, feeling sure that there must be an accumulation of pus within the lung. Dr. Banks of Blountville, assisting me, we first aspirated and removed four to six ounces of very offensive pus with great relief to patient; fever decreased, appetite improved and every indication was for the better; after forty-eight hours, however, the abscess refilled; there was apparently a larger accumulation than before and his last state was worse than his first; at this time, with the help again of Dr. Banks, I made an incision between the ribs under chloroform, introduced a trocar and canula and let out all the pus I could, then inserted a rubber drainage tube, the discharge from the tube was profuse for several days and then gradually ceased; recovery was immediate and complete.

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The patient now, some six or eight weeks after operation, weighs as much as he ever did, and is in better health than for years past. My reasons for diagnosing the abscess as in the lung itself and not merely within the pleural cavity are as follows:

First—The needle of the aspirator passed through the pleural cavity and into the lung tissue before pus appeared.

Second—After both operations there was blood in the matter expectorated.

Third—Air escaped from external opening on expiration.

Both the last would indicate a connection between abscess cavity and bronchial tubes.

Pneumonia.*

By W. L. LITTLE, M. D., WESSON, Miss.

The subject to which I wish to call your attention is one of the most important we have to contend with in general medicine. And yet, while it is of so great importance, and so frequently met with, the medical profession differ in many points as to causation and treatment.

The majority of recent authors and writers claiming that acute lobar pneumonia is a general infectious disease, dependent upon a specific agent, which produces a wide-spread disturbance in the economy, characterized by an inflammation of the vesicular structure of the lungs, which causes an exudation of fibrin and leucocytes into the alveoli or air cells, rendering them impermeable to air.

Acute lobar pneumonia, croupous pneumonia or pneumonitis, are terms which imply that the disease is purely a local one, so claims the late Dr. Austin Flint, and that there are sufficient grounds to place it along as one of the essential fevers.

These terms are synonyms which conform to general use. Typhoid pneumonia, pleuro pneumonia, broncho-pneumonia and catarrhal pneumonia, are variations differing in character and seat of inflammation.

I shall only speak of pneumonia as we usually see it, its cause and treatment. Climate is possibly one of the greatest factors in producing pneumonia, as we meet with more cases

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during the fall, winter and spring, when the greatest and most sudden changes occur. Habits are means of causing pneumonia. The sedentary are more liable, if exposed to the inclement weather, than those who lead a more active life, neither have they the power of endurance and resistance. Pneumonia may also result from exposure of the lungs to filthy, poisoned or rebreathed air of unventilated and crowded places. For instance, we are often times called in the early morning to see a patient suffering from a violent attack of pneumonia caused by breathing the poisoned and rebreathed air of the non-ventilated bed-room which is filled with carbonic acid gas, or possibly common fuel gases. Especially do we notice this in the fagged, wearied and more susceptible.

Age ranks as one of the important causes. We find three very susceptible periods in life, childhood, middle-age and old age. Loomis claims that nine-tenths of the deaths from acute diseases after the age of 60 are due to pneumonia. In young children we find catarrhal pneumonia by far the most common of the pneumonias. Sex also comes in as a cause, for we meet with more cases with the males than females, as they are subjected to greater hardships and more exposures. I might mention other things which act as predisposing causes, such as alcoholism, contusion and acute or chronic debilitating diseases. The above are the most frequent causes of that constitutional state which renders the human organism unable to throw off or destroy the micrococcus lanceolatus which is always present in pneumonia and is the specific origin of the disease. We are daily breathing this micro-organism, but our physical state is such as to prevent the growth and even to destroy the life of the micro-organism. The agent entering into combat with it being the phagocytes or white blood corpuscles, the protectors of the human organism against the invasion of all bacteria.

The diagnosis of pneumonia is generally easy. The pain which usually accompanies the attack being so as to render the location of the trouble without much difficulty. The patient often times knowing what and where the trouble is.

The dietetic and hygienic treatment of pneumonia is of paramount importance. The temperature of the room should be kept uniformly at 65 or 70 degs. Fahr., and ventilation should be kept as near perfect as possible. Keep the affected lung, or when much lung tissue is involved, the whole chest enveloped with

cotton batting stitched inside a vest of unbleached muslin, this covered with an oiled silk jacket. This should never be disturbed except when necessary to use a mustard poultice or for an examination. All unnecessary visiting should be prohibited.

The diet should be nutritious and easily digestible, and should consist mostly of milk, eggs, meat broths, beef juice, eggnog and milk punch; the two last should especially be given during the second and third stages, acting as food and a heart stimulant.

The medical treatment depends largely upon the patient and the form of pneumonia. Thus it may occur in the person of one who is convalescing from typhoid fever, or its onset may take place during the course of this or some other exhausting disease, or it may strike down one who a few hours before was apparently in good health, or the patient may be anywhere from an infant to a centenarian. He may be a victim of some chronic or constitutional trouble, or worse, of a tuberculous diathesis or organic disease of the heart. Then again we may be called in at any time from the first to the third stage, or worse, after the patient has been depleted, weakened and prostrated from some ill-advised treatment. It is evident that the condition of the general system, and particularly of the circulatory system, must be entirely different in a person suffering from pneumonia, complicated by some other serious trouble, and because of such there can be no specific treatment applicable to all cases, but each individual case of pneumonia must be considered by its self.

In the stage of congestion, if the pulse be full and strong, cheeks flushed and respiration rapid, *veratrum viride* (1 to 3 m. of fld. ext. every hour until pulse softens) is a valuable remedy. It depresses the heart, dilates the systemic vessels and thus invites blood away from the engorged lungs. Many recommend venesection just here, but I think *veratrum* safer and far better. Calomel in cathartic doses is usually indicated at the beginning and preferable to saline laxatives, can also be given from time to time during the illness. Pain may be relieved by opium, best given in Dovers' powders, dry cups, or hot fomentations. I usually give Dovers' powders and envelope the inflamed lungs with a mustard jacket (but never allowing it to blister). When the skin is reddened remove and use instead an oiled flannel, this covered with the cotton bat-

ting and oil silk jacket. In this way the mustard can be used very often and the patient greatly relieved. A flannel cloth saturated with coal oil and turpentine will be found beneficial.

High temperature is best controlled by sponging, the cold pack, or some of the coal tar preparations. I prefer acetanilide. The effects of the latter should be watched closely and never given only in the first stages. It is contra-indicated in a feeble heart, cyanosed or prostrated patient, yet in these cases when the temperature is above 103 degs. Fahr., and at the outset of the disease, we may combine acetanilide in small doses with quinine (say two or three grains of each every three hours) and at the same time sponge with tepid water or alcohol. In this way I have always been able to reduce the temperature in my patients and have never resorted to the immersion bath, cold pack, or ice bag, because popular prejudice against the application of cold in a disease generally supposed to depend upon cold as a causative influence is so great. I occasionally sponge the accessible surface of the body with a cloth wrung out of cold water in a robust or plethoric subject, but I usually discard the general application of cold water and ice in delicate patients, or with the old and young because it is usually disagreeable to the patient and causes more or less shock.

During the first stage of an attack in a plethoric subject the moderate extraction of blood from the arm, or by leeches, or wet cupping is admissible, which will also give immediate relief from the painful symptoms, both by a reduction of the volume of blood and by removing the pressure from the over-charged lungs and heart. For this purpose I prefer *veratrum viride*, which will cause the temporary dilatation of the entire arterial system thus bleeding the patient into his own tissues.

In consolidation the right ventricle is subjected to a severe strain and there is great danger of heart failure, hence in this stage we need cardiac stimulants, and there are none better than *digitalis*, *strychnine* and *ammonia*. In this stage when the apex beat of the heart becomes muffled or feeble, we know that *digitalis* is indicated, and especially so when it is associated with feeble pulse which are devoid of force.

In the majority of cases, after the first few days of fever, the skin has a tendency to become moist, and the pulse, though large in volume from the effects of the *digitalis*, seems to be surrounded by a relaxed arterial wall. There is nothing better

than tincture of belladonna to relieve this condition, acting as a tonic to the vasomotor system, allaying irritability, cough and preventing exhaustive sweats.

In some instances where there is considerable prostration and dyspnoea, we can give our patient great relief by giving strychnine with the digitalis, which also acts as a respiratory stimulant. Atropine and strychnine should be given for collapse and threatened cardiac failure.

In many cases it is necessary to use digitalis, belladonna and strychnine from the very beginning. Carbonate of ammonia is a good stimulant and one of the best solvents and expectorants. Alcoholic stimulants are of great service in the majority of cases, and their use should not be deferred longer than the first stage. I do not approve of blisters, especially in the first stage, as they interfere with examinations and future counter irritation and increase the discomfort of the patient, though when the process of resolution is prolonged, a small blister over the affected part is beneficial.

REPORT OF A CASE WHICH I RECENTLY ATTENDED.

January 31st I was called to see Harris Wilkes, age 35, and found him with a severe attack of lagrippe. After a few days of usual treatment he began to convalesce. On February 8th on calling, to my surprise, I found him with double pneumonia, all of lung tissue except apex of each lung and posterior surface of upper lobe of right lung involved. I applied mustard jacket and after removing it a flannel saturated with coal oil and turpentine was applied, this covered with cotton batting, which was never removed except for examination. This was accompanied by a mixture of Carb. Am., digitalis, glycerine, Syr. wild cherry and Syr. tolu, internally, every three hours. Next day, finding his pulse not improved, gave strychnine and Ducros' elixir. This treatment was continued a few days when it was followed by exhaustive sweats. Belladonna was then added to the strychnine mixture and given every four hours.

This treatment was kept up until the crisis with the dreaded collapse and threatened heart failure came, then each mixture was given every two hours, one hour apart, with the dose of strychnine and belladonna doubled. The patient rallied and made a successful recovery, slowly convalescing. The forced feeding with egg-nog, Ducros elixir and milk punch principally

was continued throughout the entire illness. Convalescence being somewhat prolonged, by consultation, it was agreed to apply cantharidal plaster over each lung which was allowed to vessicate superficially. This apparently did no good but caused much discomfort to the patient. The Am. Mixt. was continued during entire stage of convalescence, with Syr. hypophosphites as a tonic.

Circumcision of Infants and Adults.*

By C. B. CLARKE, M. D., KOSCIUSKO, MISS.

The only apology I shall offer for a paper upon such a simple operation as circumcision, is, that many physicians in the State even yet resort to chloroform anesthesia in adults, thereby incurring needless risk.

It has been my good fortune never to have had ill effects from its administration, yet, practitioners of larger work than mine have had it in theirs. Then, too, the little points in surgery and medicine often have a telling effect.

Experience and observation have impressed some of these upon me to which I wish to call attention.

The Jews have practiced this operation upon infants as a religious requirement since the days of Moses. Being their custom of having it performed the eighth day after birth, or the first Sunday following. They set the little subject upon the lap of some friend or relative, and operator grasps prepuce, draws it well forward, and with sharp knife severs it, then presses mucous membrane well behind corona, detaching any adhesions.

I have never seen them slit up mucous membrane along dorsum even if adhesions are unusual, which surgeons often do.

A narrow strip of spunk is plastered firmly over cut surface to retain membranous edges together and to control any hemorrhage. Should latter occur, tearing cold water upon the part will restrain it, but failing, Monsel powder or solution would be next to suggest itself.

Observe they use nothing to obtund sensibility, nor do they use antiseptic washing or dressing. I was informed, by one of their operators, that he had operated on more than 3000 infants, and no accident had followed his work.

By us it is done for phymosis, whether from elongated pre-

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pice or contracted orifice hindering escape of urine, or uncovering of glans penis with attachment of mucous membrane to glans.

Also for herpes preputalis. We meet with cases in childhood where foreign bodies irritate and excite inflammation necessitating circumcision. Vessical irritability may be produced. Neglecting to operate often results in balanitis and balanoposthitis, causing in some chorea, epilepsy and other nervous phenomena familiar to practitioners of many years experience.

In young subjects the smegma can not be removed, and in adults cleanliness is not thoroughly performed, thus endangering them to the contraction of venereal diseases.

This simple and easily performed operation in child or adult should be more generally urged and done by us, furthering that portion of our science usually termed "preventive medicine."

As a sanitary measure, it, in my opinion, insures man in his waywardness almost as effectually against contraction of syphilis as vaccination does variola, also lessening the chances of gonorrhoeal infection.

As conscientious physicians and surgeons it is our duty to perform this operation upon our children to preserve the purity of their blood, as sacredly as our duty points us to train them aright in manners and qualities that shape character.

Operate at any age demanding it.

The method of operating will be found in any standard work on surgery.

I use chloroform by inhalation in infants and children, but in young men and in adults prefer rubber band, moderately tight, placed well back over penis, and hypodermic injections four per cent solution of cocaine, never stronger, in line of incision about one eighth inch apart, twelve and one-half minims of solution equaling half grain of drug, usually suffices, or Schleick's normal solution.

The rubber band prevents absorption of too much cocaine and systemic effect, and for same reason pressure should be slowly relaxed. In this connection will say that I have seen sloughing result from too liberal use of cocaine, but not in my own practice.

Some authorities suggest leaving only enough mucous membrane for sutures; I think best to leave a moderate amount of it. Be careful not to cut frenal artery, but if you do ligate it in

adults, and I have previously spoken of its management in children.

I use aseptic catgut continuous suture, long enough to do the work with one needle threaded with it. Being absorbed saves your patients needless pain in removing sutures if they had been silk. I pass needle through mucous and skin edges near frenum on left side and tie, then continue around to the opposite side and tie.

Am careful not to wound with needle intervening connective tissue, thereby lessening inflammation. I prefer calomel dusted lightly over wound to anything, and have my first case of pytalism to witness from its employment. Or use equal parts boracic acid and iodoform or aristol, a layer of gauze is passed around organ, then absorbent cotton or lamb's wool with cheese cloth bandage pinned on and attached to band around waist to retain dressing in position.

Adults arise from table and attend their usual vocation without loss of time if their work be light.

During the first year of my practice, in 1882, I remember seeing in consultation a child 3 years old who had never walked, but crawled about on the floor. Exceedingly cross and irritable, had chorea, urinated with much difficulty on account of contracted orifice, producing distension of fore skin anterior to glans penis, urine slowly escaping. He naturally retained urine as long as possible, crying with pain when it did pass, the parts being very much excoriated and kept so by urine. His rest was disturbed and he was very nervous. We operated upon him and within a month his general health became perfect, chorea had vanished and he was walking, all due to this simple procedure.

A Case in Obstetrics.*

By B. L. CULLY, M. D., JACKSON, MISS.

On May 23, 1896, I was called to see subject of paper, and on examination I found by palpation of bowels two large fibromyoma of uterus, one situated in the left lateral wall and the other in right fundal wall, and being satisfied of their presence I stated to her husband that she had tumors; but to my surprise the old women present said, Doctor, she is in family way. On

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further examination I found they were correct, and so was I, both being true. It was about her sixth month. I was sent for on account of pain in bowels and as they supposed threatened abortion. She was suffering from constipation and had some fever. I prescribed accordingly and left, wondering what would be the result.

I was informed next day that my patient was doing well, and after that heard nothing more of her until about one week before her confinement, when I was sent for. I found her suffering a good deal of pain, as much so as if in active labor.

The old midwife stated that she had examined and that she was in labor, also that the water had broken. I made an examination but os was not dilated at all and there was no indication of wasting of water. I gave prescription to quiet and relieve pain, also something to move the bowels. Called next morning, found her restless and suffering some pain in back and bowels. I did not take her temperature on this visit, but gave something to relieve her and waited the result. A day or two elapsed before seeing her again, when I was sent for. On my arrival found she had had a chill, with fever following, was suffering a great deal. On examination I decided I had not only the tumors to contend with but also a twin pregnancy. The os was slightly dilated, temperature $103\frac{1}{2}$ degs., patient very restless. Gave prescription to open bowels freely and quinine and phenacitine to reduce fever, expecting labor to set in next morning. On my call next morning found patient in intense agony, pain in back and womb, pulse was between 130 and 140 and temperature $107\frac{1}{2}$ degs. The gravity of case was quite evident, and so stated to the husband, whom I had before warned would have trouble. I immediately sent for my obstetric case and had Dr. McLean called to administer the anesthetic and otherwise assist me. With my fingers I dilated cervix sufficiently to apply the forceps, and with a great deal of difficulty finally delivered one child, the mother in the meantime bleeding quite freely. I immediately introduced my hand to deliver the afterbirth, but instead found another sack intact containing the second child. With considerable effort I ruptured the sack, the head of the child presenting. As soon as possible I produced version and delivered one leg. On trying to deliver the other limb I found it impossible to grasp the foot firmly enough to bring it down, and in my efforts to find the limb I grasped a mass that I supposed was the placenta, until

bringing a portion away I detected my mistake. The mass was the liver and bowels of the yet unborn child. I then grasped the foot with a pair of forceps to get a more secure hold upon it, but with the least pressure it was torn from the child's body. Then by getting a firm hold on the mass within and the other limb, with much force I finally delivered the monstrosity of which I have a perfect photograph that I will show you. The woman was flooding quite freely, but I managed to control that by hot water injections. Our patient came from under the chloroform, but continued thereafter to suffer most intense agony, and in an hour or so the abdomen begun to distend and being apprehensive of concealed hemorrhage I introduced my hand into uterus, but found no bleeding. On passing my hand in it came in contact with a large growth lying in left wall of uterus and further up to the right of fundus another equally as large.

The interest in this case is the rarity of the complications, such as large fibro-myoma, with pregnancy continuing to full term, and that a twin pregnancy. Not of less interest is the monster in this case. This is classified according to the American System of Obstetrics, as the celosomatia, in which with even-*tration* we have the absence or deformity of some other portion of the child. The statistical tables show, I believe, fifty per cent mortality of mothers in confinement, complicated by fibroid growths.

This case is interesting from a gynecological point of view, as well as an obstetrical, also maternal impressions might come in for consideration, though I do not believe it has much, if anything, to do in arresting the growth of some part of the fetus.

The cause of death of the mother, which occurred twelve hours after delivery, I believe was due to septic infection, probably by the midwife, or may be by decomposition of liquor amnii, which was quite foul smelling the day before delivery. The fully developed child probably having died two or three days before, the liquor amnii in the meantime constantly flowing out of the sack, which was broken from some unknown cause.

If I should have another similar case, I think with this experience I would advise premature delivery, hoping thereby to save both mother and child, with possible subsequent removal of the tumors. This woman had never borne any children, was 36 years of age and married only about one year.

She had never noted, or if so, had not mentioned having

any tumors, which probably developed quite rapidly after gestation set in. It is unusual for conception to take place in cases of fibroid. Hoping you may see something of interest in this and that it may be profitable to you is my reason for reporting it.

Address.

President's Address.*

BY J. W. GILBERT, M. D., CORINTH, MISS.

The distinguished honor conferred upon me by you in elevating me to the highest position in the gift of the medical profession of Mississippi is so fully appreciated that I hesitate to express myself, lest what I say may seem inadequate. I trust you will believe me, however, when I say that I stand before you fully alive to the responsibility of the position, one which it has been my pleasure and constant aim to fill without prejudice, and with a view single to the interests of the people of Mississippi in general and of its medical profession in particular.

In obedience to the fourth section of the fourth article of our Constitution and By-Laws I appear before you at this time with the annual address. Be assured it is with no desire to voice beautiful sentiments or indulge rhetorical figures that I come, but my aim shall be to deal exclusively with the practical, sincerely hoping that the results of this, our thirtieth annual session, may prove a benediction to the present and succeeding generations.

Of all the developments in our profession during the last twenty years to the germ theory has the place of precedence been given. As a relatively new factor in etiology, it overshadows, for the time at least, all the other theories as to the origin and cause of disease. In fact it does this, as yet, to an intemperate degree, monopolizing scientific thought to the exclusion of other factors that may become so conspicuous in the near future that we shall regret the present neglect. We must not all be specialists in etiology any more than we are in therapeutics. Thus far the germ theory of disease has had great favor, and

*Read before Mississippi State Medical Association, April, 1897.

many therapeutic measures based upon it have been crowned with the most brilliant success. The spread of contagion has thereby become much limited, and since this is its most distinguishing glory I shall not take up your valuable time with a recital of the many changes wrought in practice by its acceptance but call your attention to the acknowledged fact that, first, by increasing the resisting power in the individual; or, second, by the destruction of the pathogenic germ the body may be preserved from the ravages of disease, or, if already afflicted, its sufferings may be alleviated and shortened. This conclusion has already forced itself into the popular mind, both as the result of professional and lay agitation, through the medium of the scientific and daily press. Legislative enactments are already upon many statute books as an evidence of this crystallizing confidence in the germ theory, and the awakening public realization of the preventability of disease.

Sheer necessity, the desire to be safe, has thus forced into practice that old principle which tells us that "an injury to one is the concern of all." Communities have, therefore, instituted boards of health whose business it is to conserve the general health of the public by preventing disease if it can, or stamping it out when it gains a foothold. Mississippi was not slow to see the benefits that might accrue to her from the organization of such a board and provided for its existence. Whether this board has been set to work with adequate materials the members composing it are best capacitated to judge. But, the assertion may be made without fear of successful contradiction, that all is not being done in Mississippi for the prevention of disease that should be; and, our profession, noble and worthy as it is, is not wholly blameless on this score. Of the 2000 practitioners of medicine in Mississippi less than 400 are members of this State organization, and it is safe to say not one-half of them are members of any local medical society. This reveals a want of professional pride and interest in State medicine that it is difficult to explain.

It might not be amiss to digress, for a moment, to consider some of the material developments and possibilities of Mississippi as revealed in the last census, with a view to stimulating the profession to renewed efforts to keep pace with the march of progress.

	1880.	1890.
No. of farms.....	101,772	144,318
Total acreage.....	15,855,462	17,572,547
Improved acreage.....	5,216,937	6,849,390
Average size per farm—acres.....	156	122

Thus showing conclusively that more land is being cultivated by a proportionately increasing number of farm owners.

The capital invested in our forest industries alone is \$4,672,-486.

As evidence of our awakened interest in home manufactures, I offer the following figures showing the change from 1880 to 1890, an increase greater than that of our population.

In our textile industries we find:

	1880.	1890.
Capital invested.....	\$1,453,640	\$3,607,198
Number of employed.....	940	2,266

In our woolen industries we find in 1890:

Establishments.....	7
Capital invested.....	\$1,553,455
Number employed.....	1,082

Domestic wool consumed, 1,565,824 pounds, as against not a pound of foreign production.

The cotton industry keeps busy 57,004 spindles.

Capital invested in clay products was \$110,825 in 1880, and \$246,885 in 1890.

In brick and tile work there was \$106,125 invested in 1880, as against \$196,745 in 1890.

In pottery products it was \$4700 in 1880 and \$50,140 in 1890.

Physicians rarely have the time to study the growth, even of their own State, and I introduce these figures and facts, entertaining the hope that many professional brethren who may read the report of our deliberations and who are not members of this organization may be present at our next session to unite with us, and by their counsel further our efforts to prove worthy of a place among the heroic sons and fair daughters, who are so grandly developing the resources of our commonwealth, by contributions to their physical well-being and happiness.

We read more than we ever have in our history before. In 1890 we had a total of 161 periodicals, of which the aggregate circulation per issue was 108,061, as against only 87,804 in 1880. The total capital invested in our periodical publications is \$297,-

757. In all this there is not represented a single medical or surgical publication. Can not 2000 physicians sustain a journal?

Vol. 1, No. 1, of the "MISSISSIPPI MEDICAL RECORD" put in its appearance on the 1st of this month. May it become the pride of Mississippi doctors, and may each member of this Association constitute himself an active agent to see that success shall mark its course.

To show that our people have an eye to their safety, that they have the foresight and desire to guard against contingencies, I quote the following from the last census on fire insurance in this State from 1880 to 1890:

Risks written and renewed.....	\$212,081,272
Premiums and assets received in cash.....	4,507,381
Losses paid in cash.....	2,538,913
Price paid for each \$100 of risk.....	1.86
Cash paid on each \$100 of risk.....	1.04
Average loss paid for each \$1 received.....	.56

Are we not more alive to the protection of our property than of our health? These figures all tend to show that we are growing; that we are sure to have large cities with great manufacturing plants in the near future; that we have the good sense to provide against losses by fire; but are we meeting the demands of the times by the exercise of that foresight which protects us against the ravages of disease and death by suitable hygienic precautions? The negative is the only answer to be given.

True, by this same census, of the 1,289,600 inhabitants of Mississippi, only 14,899 deaths per annum are reported, making the death rate 11.55 per 1000. This might be considered a reasonably fair showing if we could only have confidence in its correctness. Remember, aside from the data obtained from a few well organized municipalities in the State, this estimate was made chiefly from returns sent in by physicians unused to keeping records of births and deaths in their practice. And, it is safe to say, one-half of them depended on their memory to fill out the blanks on the day of their return, and, doubtless many failed to make any report. Again, the average annual death rate from consumption alone in the United States is one to every 533 of population. This has been proven correct in our sister state Tennessee. Of the 150,000 deaths in the United States annually from consumption, she, with a population only a little larger than Mississippi, furnishes 3500 of that number, so Dr.

Barbour affirms in a paper read before a medical organization in Memphis last fall.

The last census says Mississippi furnished only 1433, or, one to every 900 inhabitants. If, indeed, our State enjoys this remarkable immunity from tuberculosis, the fact should be published to the world. But, does it? No one acquainted with the facts can believe it. It is needless to take up time to show why the negro, since his emancipation, has proven an easy victim to consumption and furnishes—in the Southern states—a large proportion of the deaths from this cause. Mississippi has twice as many negroes as Tennessee. Again, a low, wet subsoil is an acknowledged factor in the mortality rate from consumption, and Mississippi has much more of this kind of soil than Tennessee. Unquestionably the United States census of 1890 is in error on this point.

Far be it from me to utter a syllable, or, even to entertain a thought, in disparagement of the grand and good work that has been, and is still being done, by the able and progressive men who compose our State Board of Health. To the contrary, I would encourage them to go forward in the accomplishment of every possible good for the people of Mississippi; and, in this connection will ask, can we not have a bureau of vital or mortuary statistics that will enable us to make accurate calculations and ascertain what is being done by the profession in the matter of lowering the death rate in this State? It is a mortifying admission that no such bureau exists, and it should be a continuous mortification to us in the future if we fail to so present this subject to the Legislature that it will promptly remedy this defect at its next session.

While I am in hearty sympathy with the bill proposed by the Second Pan-American Medical Congress, and introduced in the United States Senate by Senator Gallinger, and marked Senate bill No. 3652, as also with the recommendations of Hon. Carroll D. Wright to the last congress to pass a "bill to provide for a permanent census service," yet I am impressed with the fact that our own people are best capacitated to present the data of our home developments. Mississippians are more interested in Mississippi than any United States sub ever will be. This truth was well demonstrated last year in the contest between our conscientious, able and trustworthy Haralson and the United States Marine Hospital Service, at Ship Island, on the subject

of our coast protection. At any rate, the United States census will be all the more reliable if the State will provide a permanent census bureau and furnish all the data. As to that part of such census which shall directly relate to the medical profession, let the law provide that it shall be the duty of each practitioner to furnish the date of every birth that occurs in his practice, including illegitimates, still-born, miscarriages and so forth, together with color and sex of infant; also, date of every death, age and nationality of deceased and causes—remote and immediate—of death; the penalty for failure to be forfeiture of his license to practice medicine in this State. In the construction of the new capital let there be a room well equipped with necessary furniture, etc., set apart for this work. This would soon beget in the physician the habit of keeping an accurate record and the matter furnished would be reliable.

Such returns would, unquestionably, reveal the fact that Mississippi furnishes her pro rata of deaths yearly from consumption, that is 2400 instead of 1400, and that her death rate is at least 12 instead of 11.55 per 1000.

The point I would emphasize is, that this annual death rate should and can be—in a State as distinctively agricultural as ours—reduced at least to 10 per thousand. This is an end devoutly to be wished. How can it be accomplished? In no way more surely nor speedily than by instructing the masses in plain hygienic truths. With love of wealth and life, the instinctive heritage of all, it is safe to affirm that the people would do better if they knew better.

It is a relief to note, in this connection, that as many of the 376,000 children enrolled in the schools of Mississippi as are sufficiently advanced are being taught the elementary principles of hygiene, and in the future this will prove an important factor in reducing the death rate. But, can we afford to wait until these children grow up and take charge of the business affairs of life before we derive the benefits of this reduced mortality rate? Are we willing that one generation shall suffer the consequences of such delay? Is it our purpose to throw upon our children the burden of sanitary reform? Every man who possesses—even one-half—the elements of a true man will scorn to advocate or to pursue such a policy. Upon the physician, who is by education specially qualified above all others to speak with accepted authority upon these subjects, devolves the duty of imparting to

the people the knowledge that will lead to the prevention of much disease and many deaths. Nor should this be demanded nor expected of the family physician who, in his busy daily round, is taxing all his resources to discover the best therapeutic agents with which to combat the annoying and complicated diseases which are ever confronting him; but to the county health officers should this task be given. The State Board of Health should be careful to select from the physicians of each county the right man, and the law should require the supervisors of the county to allow a reasonable compensation for his services.

Let it be his duty to deliver periodically public lectures, say at least two every year in each supervisors district within his county. Let him be consulted with reference to the location and construction of dwellings and school houses. Make him the responsible superintendent of the public health within his jurisdiction and give him full power to act.

If the work and responsibility be considered too much for one man to undertake let the county boards of health be organized to work in harmony with the State Board of Health.

A competent bacteriologist and chemist should be engaged to test suspected waters and food products, and to examine and report upon all pathological specimens that might be sent to him.

Upon no one factor does the future prosperity and well-being of Mississippi more depend than upon the development and support of the State and county boards of health.

As a purely economic subject it transcends in importance any measure that will likely be presented for the consideration of our legislative bodies for years to come. I shall furnish a few figures to show that I am justified in this conclusion.

If we estimate the population of the State to-day at 1,400,000 and the present death rate at 12 per thousand, we should have 16,800 deaths annually. The city of Berlin, through the enforcement of a few sanitary measures, reduced its death-rate from 32 to 19 per 1000. Europe, with improved sanitary regulations, reduced her death-rate nearly one-half in a few years. Would it not, therefore, be conservative to say that the Mississippi death-rate could just as certainly be reduced one-sixth, *i. e.*, 10 deaths per 1000, or, 14,000 per annum, a saving of 2800 lives every year?

Computing this saving in dollars and cents, the result would

be a saving of \$420,000 each year on an average wage rate of only \$150 per annum. This is not all. Dr. Farr, a noted English authority, says: "For every unnecessary death there are two cases of preventable sickness," which, at the same low wage rate would represent a loss of \$840,000 in twelve months, thus aggregating, with the death losses, the large sum of \$1,260,000 lost annually to the State of Mississippi because of the ignorance, among the masses, of the first principles of hygiene, and the absence of proper sanitary legislation.

This estimate, be it remembered, is exclusive of many other factors that would materially swell it, such as the suffering of the victims of disease and death, and the sums expended in the search for relief.

Let's set ourselves the task of developing a strong public sentiment favorable to the most advanced sanitary legislation demanded by the most recent developments of sanitary science.

In conclusion, I sincerely hope that we shall never cease our warfare against insalutary conditions until we shall have, at least, secured better school houses in the rural districts. The greatest care should be exercised in the construction and equipment of our school buildings. Because the child is parent to the adult, is it desirable that it should be well protected. Heating, lighting, ventilation, water supply and drainage should also receive the most studied attention. A play ground of ample size should be part of every school no matter where located. No amount of money expended in this direction can fail to yield larger returns than any other investment that can be made by a community. The care and education of our young should receive our greatest attention. We live in our offspring, and the memory in which they will hold us will, very justly, be the counterpart of the solicitude we now feel for them and give evidence of in our acts.

The following resolutions on the President's Address were unanimously adopted by the Association:

Your Committee on the President's Address beg to report as follows:

Resolved—1st. That the future progress of the science of medicine depends largely upon a knowledge of the cause of disease, and we therefore heartily commend, for the consideration

of the members of the Association, the remarks of the President on this point.

2d. The remarks of the President on the efficiency of the State Board of Health are timely and his points well taken, and upon investigation, we desire to say, in addition to what the President has said, that the facilities for work and good service by this Board are better now than they have been since its organization. Especially do we approve and unqualifiedly endorse the position taken by the Supervising Quarantine Inspector of the port of Biloxi, Dr. H. H. Haralson, as presented to the State Board of Health by him at its October meeting, 1896.

3d. At the last meeting of the Legislature it increased the expenses of the Board by providing for the purchase of vaccine virus by it in cases of smallpox epidemics, at the same time reduced the appropriation from \$25,000 to \$20,000. We therefore urge the Legislature to increase the appropriation to the Board to \$25,000, the amount formerly appropriated to it.

4th. It is the opinion of this Association that there should be a State Veterinarian who should be a member of the State Board of Health. We therefore recommend that a committee of three be appointed by the President-elect to wait on the Governor and request him to recommend to the Legislature the passage of a bill providing for such appointment by the Governor.

5th. The remarks of the President upon the relative membership of the Association to the number of practicing physicians in the State led us to investigate the present status of the Association and we find that it now has a larger membership and is better attended at this meeting than ever before in its history, and that it is in a better financial condition than in several years, being entirely free from debt.

6th. We endorse the remarks of the President upon the establishment of a Bureau of Vital Statistics, and we do earnestly urge the Governor to approve the bill now in his hands, having passed both houses of the Legislature.

7th. We recommend to the State Board of Health the employment by it of a State Bacteriologist.

8th. We commend the address of our President as a whole and urge its careful consideration by the members of the Association.

P. W. ROWLAND, M. D.,
Chairman Committee.

Correspondence.

Editor Medical Record of Mississippi:

Medical news has been dull for two months past. The salubrious atmosphere and the overflow have combined to give our medical men ample time for recreation. This has been taken advantage of. Some of us have been to Jackson, Miss., Jackson, Tenn., Nashville and Little Rock to medical meetings, others have gone to New York, St. Louis, Chicago, and still others have been dallying with the finny tribe on the coast.

The Memphis Medical Society has had some excellent papers, one by Dr. Herman on "Some Points in the Treatment of Chronic Nephritis." The point was made that nitrogenous food would furnish toxins that would increase or favor the uremic condition; diuresis should be promoted by non-stimulating diuretics, strophanthus was considered harmful. Drs. Heber, Jones, Krauss and Goltman discussed the paper. Dr. Krauss made the point that the term uremia was erroneous, Klemperer having shown that urea is not toxic, indeed, that it was an excellent diuretic. Not all albuminurias were renal and the percentage of albumin was not an index of the severity of the case.

Dr. Venn read a classical paper on the need of more care for diagnosing organic valvular lesions. The treatment depends upon diagnosis, digitalis benefiting some cases and being positively harmful in others. The paper was freely discussed.

Dr. Krauss reported a case of focal epilepsy with slight unilateral paresis, the latter of which was benefitted by massage without aggravating the paroxysms. Some gentlemen present were opposed to massage since it acted as a peripheral irritant.

The Memphis Pathological Society has held two successful meetings since its organization. The essayist for the first meeting was Dr. Wm. Krauss, who demonstrated some tissues from a case of malarial hematuria. There was much interest manifested and it was arranged that Dr. Young of the United States Marine Hospital should present specimens of malarial hematozoa at the next meeting. This meeting has since been held and was well attended. Dr. Young went into the history of the malarial plasmodium since its discovery and exhibited the three varieties now recognized, *i. e.*, the tertian, the quatan and the estivo-autumnal

parasites. The first variety is the most common. Infection by two groups of tertian organisms give rise to quotidian paroxysms. They are distinguished by the greater number of segments in the daisy stage, by the finer granulation of the pigment, the swelling and paling of the red disks and the greater rapidity of development. The quartan parasite is smaller, the red cells shrink, the pigment granules are larger and the daisies have fewer leaflets. The estivo-autumnal parasite completes part of its cycle in the inner organs and many of its stages are not well known. The characteristic features are the ring-shape and the semilunar form of Laveran is believed to be its resting stage.

Memphis, Tenn.

A REMEDY IN NERVOUS DISORDERS WHEN CHARACTERIZED BY MELANCHOLIA.—The "Reference Book of Practical Therapeutics," by Frank P. Foster, M. D., editor of *The New York Medical Journal*, which has recently been issued by D. Appleton & Co., of New York City, contains an article of which the following is an excerpt, which we feel expresses the consensus of medical opinion as adduced by actual results: "Antikamnia is an American preparation that has come into extensive use as an analgetic and antipyretic. It is a white, crystalline, odorless powder, having a slightly aromatic taste, soluble in hot water, almost insoluble in cold water, but more fully soluble in alcohol. * * * As an antipyretic it acts rather more slowly than antipyrine or acetanilide, but efficiently, and it has the advantage of being freer, or almost free, from any depressing effect on the heart. Some observers even think that it exerts a sustaining action on the circulation. As an analgetic it is characterized by promptness of action and freedom from the disagreeable effects of the narcotics. It has been much used, and with very favorable results in neuralgia, influenza and various nervous disorders characterized by melancholia. The dose of antikamnia is from three to ten grains, and it is most conveniently given in the form of tablets."

Editorial.

H. H. HARALSON, M. D., - - - - - BILOXI, MISSISSIPPI.

Editor and Proprietor.

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SEC. 7. Admission Cards may be issued by the officers of the Association with the obligation for the candidate's signature in the center and blank marginal spaces on the left and right margins for the signatures of the three members who recommend, and the three officers who admit the applicant to membership.

The above section was adopted in order to admit persons eligible to membership during vacation. Either of the above named officers will furnish, on application, the necessary card.

STATE AND NATIONAL MARITIME QUARANTINE.

It would appear from a law published in this issue under the Department of Public Health that the State of New Jersey, like the States of New York, Louisiana and many others, is not willing to risk the health of her people with the marine. This service would have been only too glad, judging by Surgeon Bailhache's report on the quarantine station of the port of Perth Amboy, to take charge of quarantine in New Jersey. If the general government is determined to assume control of quarantine it will have to do it through some other department than the Treasury. The idea of placing a service, involving a knowledge of the science of medicine, under the direction and control of the Secretary of the Treasury, is ridiculous. It can not survive, and the sooner it is made to realize it the better for the country.

It is impossible for the Secretary of the Treasury to give intelligent personal rulings on many questions that may be presented to him. In making his rulings he is often forced to rely on the opinion of his subordinate, the Surgeon General of the Marine, and at the present this important personage would sacrifice health and even life for power.

A department of public health would be much more acceptable to the profession and the people. I believe, though, that quarantine is a part of the police powers of a State and a power and right that should not be surrendered to the general government. The courts of the country have held this. In 9 Wheaton, page 203, *Gibbons vs. Ogden*, Marshall, C. J., said, speaking of inspection laws: "They form a portion of that immense mass of legislation which embraces everything within the territory of a State not surrendered to the general government, all of which can be most advantageously exercised by the States themselves. Inspection laws, *quarantine laws*, *health laws of every description*, as well as laws regulating the internal commerce of a State * * * are competent parts of this mass. No direct general power over these objects is granted to Congress and consequently they remain subject to State legislation." *Gibbons vs. Ogden* was reaffirmed by the United States Supreme Court, see 7 Howard, 400. "In giving the commercial power to Congress the States did not part with the power of self-preservation which must be inherent in every organized community. They may guard against the introduction of anything which may corrupt the morals or endanger the health or the lives of their citizens." See 19 Wallace, page 582, Associate Davis said: "That the power to establish quarantine laws rests with the States and has not been surrendered to the general government, is settled in *Gibbons vs. Ogden*." Then the question of the States to establish quarantine is settled so far as the courts of this country can settle any question.

ROUND ISLAND QUARANTINE STATION.

Dr. Duke was in Biloxi, May 21, on business connected with the quarantine station at Round Island. Dr. Duke is an efficient officer, brave, courageous and painstaking, and the report of Dr. Murray to the contrary will be disbelieved by every man who

knows Dr. Duke. It is wonderful to me that the government would expend money in publishing such trash as is contained in the annual reports of Surgeon General Wyman, a large portion of which consists of nothing except groundless assaults against State and local health authorities.

In the report of Dr. Murray above referred to he recommends that the inspection of vessels bound for Horn Island Harbor be made by the Collector of Customs located at Pascagoula, and that permission of the marine department for the use of the buildings on Round Island be withheld from the local health authorities for quarantine purposes. The object of this suggestion is to get the local authorities out and then supply the place with a marine officer. He stated to Dr. Duke that it was an important place and if it was abandoned by the State the marine would be compelled to fill it, then in the next breath makes the statement in a report to Wyman that is given above.

In this same report he says that "Round Island is beautiful to look upon; being at sea it is hot in the sun in summer but is made grateful by the almost constant breeze." He also says that on the southwestern extremity it has some beautiful live oaks. Now this is the portion occupied by the quarantine officer, among those beautiful live oaks. Continuing, he says that the "inspection being made from that point by a non-immunized officer" and the failure of the local board to properly care for the buildings and to prevent the burning of one of the houses, warrant him in advising that a gentleman should not be required to live at such a place. What does Dr. Murray mean by this? He does not want a non-immunized officer to do that work and live at Round Island yet he is willing that a non-immunized collector of customs should live in Pascagoula and make the inspections. He does not mean that. The statement is too transparent to be misunderstood. He proposes to assail the integrity and faithfulness of an efficient officer, and continue this assault until he can replace him with the Collector of Customs, and then the importance of the point will loom up, and the Collector of Customs will be succeeded in short order by two gentlemen of the marine seeking their own comfort more earnestly than the public health. Be honest, Doctor, and confess that this is your objective point.

The truth is, no infected vessel nor vessel from infected ports are allowed there until they get release from Gulf Quar-

tine Station, a yellow fever refuge station, a station with three physicians and one duty, two of whom are non-immunized, one recently from Arizona. Does Dr. Murray expect to succeed with his service by making such reports as this one and others relative to State quarantine stations? During the last four years this service has given more attention to fighting State quarantines and more efforts to supplanting them than it has to the public health.

In this report of Dr. Murray he states that the quarantine physician, Dr. Duke, in 1896 boarded a British steamer from Santos and inspected her throughout, after which he repaired to the village of Pascagoula to get his mail. In justice to Dr. Duke I think it proper for the truth to be known relative to this vessel and his connection with it. Some days ago an infected vessel was sent from Apalachicola, Fla., to Gulf Quarantine Station. Instead of coming to Ship Island it went to Chandeleur Island. The pilots at Ship Island noticed it lying out there a day or two and one of them went out to it and brought it in and afterward repaired to Biloxi. Now this statement is true but it is misleading. Any person in reading it would conclude that the pilot went out to the vessel, was exposed to the infection, brought the vessel in and came immediately into Biloxi. This is not true. The pilot was not exposed to the infection and did not come immediately into Biloxi. Now the same thing was true of Dr. Duke. The vessel referred to by Dr. Murray was lying in Horn Island harbor and had been for a considerable time, sixteen or eighteen hours. Dr. Duke went out to her to ascertain the cause of her trouble. He made no inspection, was exposed to no infection and did not immediately repair to Pascagoula. Dr. Murray makes a misleading statement and I believe he does it with a view of bringing the local authorities into bad repute. I do not believe that Dr. Murray would have made that statement if it had been a marine inspector, and more than this, I believe the little incident occurred some time after Dr. Murray made his visit to the station, but admitting that it occurred before, if he had desired to learn the truth so that when he reported it he could know that he was reporting the truth, he could have gotten all necessary information from Dr. Duke. But when he was partaking of the hospitality of Dr. Duke, and at the same time was criticising local and State authorities, Dr. Duke asked him

if he intended his remarks to refer to him or his station, he replied that he did not, that he, Dr. Duke, was doing his duty.

That man is to be pitied who is so enslaved by the fear of his superior that he will sacrifice every virtue of a manly man to serve the vindictive caprice of that superior who is possessed of a consuming ambition.

Public Health.

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W. S. GREENE, M. D., Aberdeen.

H. H. HARALSON, M. D., Biloxi.

NEW JERSEY EPIDEMIC AND QUARANTINE LAW.—Be it enacted, by the Senate and General Assembly of the State of New Jersey:

1. No vessel having on board any person or persons affected by yellow fever, cholera, typhus or ship fever, bubonic plague, smallpox, scarlet fever, diphtheria, measles, relapsing fever, or any other dangerous disease of a contagious, infectious or pestilential nature, and no vessel infected by any of these diseases, and no infected baggage, dunnage, rags or hides, shall be brought to any wharf in the State of New Jersey, and no person, persons or property shall be landed in this State from any such vessel without a permit shall have first been issued by the health officer of the port, if there be such officer, and if there be no such officer, then by the local board of health having jurisdiction in the locality.

2. The master of every vessel from a foreign or domestic port which shall pass the quarantine station located at City Island or elsewhere in Long Island sound or the quarantine station at Fort Wadsworth or elsewhere in New York bay, and which vessel is allowed by written permit, issued by the proper officer at either of the said quarantine stations, to proceed to any port

or place in the State of New Jersey, shall, within twenty-four hours after the said permit is received by him, exhibit said permit and deposit the same at the office of the local board of health of the said port or place of destination, and he shall be entitled, subject to the rules and regulations hereinafter provided for, to receive from the said local board of health, or health officer of the port, if there be such officer, a permit to land passengers, baggage and cargo.

3. The health officer of the port, if there be such officer, and if there is no such officer then the local board of health of every sanitary district in this State is hereby authorized and empowered to order, whenever in the judgment of said officer or board the public health requires such action, that any vessel which is within the jurisdiction of said officer or board may be removed to the quarantine grounds or to some other place of safety, and may require all of the persons, baggage merchandise and articles which have been landed from such vessel to be seized, returned on board thereof or removed to quarantine grounds or to other place of safety; if the master, owner or consignee of such vessel can not be found, or shall neglect or refuse to obey any such order of removal, such health officer or board of health may employ such assistance as may be necessary to effect such removal, and all expenses incurred in such removal shall be paid for by the master, owner or consignee of such vessel; such vessel shall not return within the limits of the jurisdiction of said board or officer, nor come to anchor, nor land at any wharf within said limits, without the written permission of the said board of health or officer of the port; any person employed to remove any such vessel, persons, merchandise or articles pursuant to this section shall have a lien on such vessel, its tackle, apparel and furniture for his services and expenses in effecting such removal.

4. The masters of vessels arriving at any port or harbor in the State of New Jersey shall pay to the health officer of the port, if there be such officer, and if there be no such officer, then to the local board of health, the following fees: For inspection of any vessel from a foreign port, \$5; for inspection of every vessel from a domestic port south of Cape Henlopen, between May 1st and November 1st in each year, steamers, \$3, other vessels, \$1; for medical inspection of every one hundred, or fraction of one hundred, steerage passengers upon transatlantic steamers, \$2; for each permit issued for the discharge of cargo or baggage-

brought as freight, 25 cents; for sanitary inspection of every vessel after the discharge of cargo or ballast, \$10; for disinfection of every vessel from an infected port, or of such vessels as shall require disinfection by reason of exposure to infection or contagion, \$50; for vaccination of persons on vessels on board of which smallpox has developed during the voyage, each, 25 cents; the health officer of the port, if there be such officer, and if there be no such officer, then the local board of health having jurisdiction in each port and harbor, shall report in writing to the board of health of the State of New Jersey on the first day of October of each year; said report shall state the number of vessels inspected during the preceding year; the number of passengers examined; the number of permits issued; the amount of fees received from each vessel and the total amount of fees received, and said report shall also include answers to all inquiries which may have been addressed by said State board to the said health officer or local board of health.

5. The board of health of the State of New Jersey is hereby empowered to make and alter rules and regulations to prevent the introduction into this State of infected persons and property, and to prevent the spread of any dangerous infectious disease which may have been so introduced; the expenses incurred and the services rendered by any local or State health officer, or by any of their employes, in the discharge of any duty imposed by said rules and regulations in relation to vessels, merchandise, baggage or persons, shall be paid by the master or owner of the vessel in which such persons, baggage or merchandise shall have arrived, and all such expenses, services and charges shall be a lien on the vessels, merchandise or other property in relation to which they shall have been made, incurred or rendered, and if such master, owner or consignee shall omit to pay the same within three days after the presentation of such account, the local or State board of health may proceed to enforce such lien in the manner provided by law; any person or persons who shall violate any of the provisions contained in any rule or regulation made by the said State board of health under the authority contained in this section, shall be punished by a fine of two hundred and fifty dollars, or by imprisonment for a period not exceeding six months, or by both fine and imprisonment.

6. Any person or persons who shall obstruct any duly authorized health officer in the enforcement of any of the provi-

sions of this act, or who shall violate any of the provisions of sections one, two, three and four of this act, shall be guilty of a misdemeanor, and shall be punished by a fine not exceeding three thousand dollars, or by imprisonment in the State prison for a period not exceeding one year, or by both fine and imprisonment.

Approved April 9, 1897.

* * *

A MARINE HOSPITAL NEEDED AT SHIP ISLAND.—Ship Island is a magnificent harbor always accommodating a large fleet. The population of the harbor is from 600 to 1000 seamen. This does not include stevedores and local sailors. The harbor is eight or ten miles from Biloxi, the nearest point from which medical and surgical aid can be summoned. The men who work in this harbor are engaged in a hazardous avocation and consequently liable to receive injuries of various kinds, besides, from exposure, they are quite liable to become sick. The quarantine waters in this harbor now occupied by the marine, should be surrendered at once to commerce. These waters embrace a large, and really the most desirable portion of the harbor. It is nearer to shore and better protected and the increasing commercial interest of the harbor will sooner or later force the quarantine out of these waters. The marine can now do a commendable act if it will. The proper thing for it to do is to surrender the quarantine waters now occupied by it to commerce and convert the station into a marine hospital for the reception and treatment of surgical cases and diseases of a non-contagious or non-infectious character. A marine hospital at Ship Island is an absolute necessity, a quarantine station there is a positive nuisance and a menace to the public health.

It often happens that sailors actually suffer for medical and surgical attention in this harbor. It is inhuman for these unfortunates to be forced, after receiving painful and dangerous injuries, to go to New Orleans or Mobile, the nearest marine hospitals for treatment. At Ship Island they have the necessary medical force, buildings and equipments that could be utilized in a marine hospital and the abandonment of the buildings for quarantine purposes would be no loss to the government. It seems that the subordinates of the marine have had an idea that the object of the State in pressing the question of removal was

to "squat in the establishment." Surely they are convinced by this time that this is not the object of the Mississippi State Board of Health. The State board recognizes danger to the public health in the quarantine service at this point, and if it failed, after such recognition, to point it out and demand its correction, it would be unfaithful to the trust placed in its hands. It is only a question of time when commerce itself will demand the removal of that station. If there was ever a place unsuited for quarantine purposes that place is Ship Island. If there was ever a place that needs a marine hospital that place is Ship Island. A marine hospital at this island would be a public benefit, a quarantine station there is a menace to the public health and a nuisance which has, since 1894, been tolerated by the State of Mississippi, demonstrating that "a nuisance once tolerated is not long in arrogating to itself the right to exist in spite of the public welfare."

No one will deny the necessity of a marine hospital at Ship Island. The unsuitableness of it for quarantine purposes can be easily demonstrated. An incoming vessel must come immediately by the shipping before reaching the quarantine waters. The shipping or loading harbor is Biloxi, then an incoming vessel passes through Biloxi before reaching the quarantine station. Suppose a vessel from an infected port comes in and is not met by a pilot as it sometimes happens. It does not know where the quarantine station is. It has reached its destination and has not encountered one. It would naturally anchor in the loading harbor. It has not been a great while since this actually happened. The American schooner, *Blanche Hopkins*, from Kingston, Jamaica, Gant, Master, came in without a pilot and anchored in the loading harbor. It was perfectly justified in doing this for no one except the marine would think of placing its quarantine station in a position where incoming vessels reach the loading harbor before they reach the quarantine station. No punishment followed. No punishment should have followed. The authorities of the quarantine station realized the weakness of their cause in the question involved and the only reply they can make is that no serious consequences attended the incident. Is that a sensible, intelligent reply? Is it a fact that because no serious consequences attended this incident, no serious consequence will attend the next? These facts are referred to only to show the unsuitableness of this place for quarantine purposes, and for this

reason the government would make no sacrifice in the removal of the station.

THE PREVENTION OF TUBERCULOSIS IN NEW YORK.—The Health Department of New York (Lancet) has taken the step of declaring pulmonary tuberculosis to be an "infectious and communicable disease dangerous to the public health." It has also ordained that notification of each case of the disease coming under the notice of medical practitioners in the city shall be made within a week of its first coming to the knowledge of the practitioners, and that public and private institutions and dispensaries shall also notify all cases heard of; but how far the duty is to be one for which remuneration is to be given is not stated. The provision of hospital accommodation for the poor suffering from the disease is enjoined by the medical members of the department, these poor sufferers being regarded as active sources of danger to the community. All institutions taking in cases of the malady are to be systematically and officially inspected, and the people generally are to be educated to regard the malady in the grave light in which it is medically held, and to take in consequence adequate means for its repression. A close supervision over individuals suffering from the disease in crowded localities and workshops is to be maintained. The medical members of the department regard it as quite feasible, even in face of the present estimate of 20,000 tuberculous citizens in New York, to restrict tuberculosis within the narrowest bounds, and eventually perhaps almost to exterminate it. Future comparative records from New York will prove to be of interest in this connection. To our way of thinking the whole scheme is Utopian.—*The Charlotte Medical Journal*.

SANITARY ARRANGEMENTS OF VERMONT SCHOOL HOUSES.—In compliance with No. 102, Laws of 1886, the Vermont State Board of health, hereby issues the following recommendations and regulations for "lighting, heating, ventilating and other sanitary arrangement" of school-houses. In the choice of a site for a school-house, its construction and furnishings, the following directions are to be observed as far as possible:

1. The site should be upon a slight elevation with soil dry and well drained.
2. If in a village, it should be at a point free from noises and unsavory odors.
3. If in the rural portion of a

town, at a point free from violent winds. 4. As near the center of school population as possible. 5. Playgrounds should be provided for exercise and amusement. 6. In villages, or where there is a basement, play rooms can be arranged. In rural houses, without basements, a shed should be provided for exercise in inclement weather. 7. There should be plenty of pure water supplied for drinking purposes. 8. Buildings should be so located as to secure the best light. Particular attention should be given to this in villages where the schoolhouse is likely to be surrounded by other buildings. 9. Care should be taken when the building is of wood to make it warm. This can be done either by using thick building paper under the clapboards, or by filling the space between the outside boarding and the lath with clean dry sawdust. 10. The walls of the rooms should be light gray or buff color. 11. All doors should be hung to swing out, and in large school buildings proper fire escapes should be provided. 12. As forty pupils are as large a number as one teacher can well instruct, the rooms should be 32x28x12 feet high, giving from 200 to 300 cubic feet of air space and 20 square feet of surface area for each pupil. 13. The windows should be numerous, large enough, and so arranged as to give ample light to every part (and corner) of the room. The window space should be at least one-fourth of the floor space. There should be no more space between the top of the window and the ceiling than is required to finish the building, and the window sill should be four feet from the floor. The light should be arranged so as to fall upon the pupil from the left or left and back, never from the front. There should be curtains of a gray or buff color for all windows—two to each window—hung in the center of the window so that either the upper or lower half, or both, can be shaded. 14. If there is no cellar under the building, there should be a space of at least two feet from the floor to the ground, and there should be windows or openings in the underpinning so that there can be a free circulation of air. 15. If the corridors are used as coat rooms they should be well lighted and ventilated. 16. In rural portions of a town, there should be two out-buildings—one for girls and one for boys. They should be at least twenty feet from the school building and from each other, with a high fence between. Earth closets should be used with road dust, sawdust or ashes, so arranged that they may be easily cleaned. In villages where water is available, there should be a system of bowls, urinals, drains and sewers, constructed according to modern plumbing rules. Closets should not be placed in basements under schoolrooms. 17. Desks and seats. The height of the seat must correspond with the length of the legs below the knees. The seat may be horizontal or slightly curved. The back should be formed of a lower convex and an upper concave portion. A desk for writing should have an inclination of about 15 degs. The desk should be fitted to the pupil each year. A

perpendicular line from the edge of the desk should project only slightly over the edge of the seat. 18. Blackboards should be placed opposite windows, never between, and should be of a dark lusterless color. Lessons placed on the board for pupils to copy are injurious to the eyes by reason of the rapid change of focus required from the distant board to the paper on the desk; hence, these should be avoided.—*The Journal of the American Medical Association*.

* * *

THE SPITTING NUISANCE.—It is reported that the city council of Springfield, Mass., has passed an ordinance prohibiting spitting upon the sidewalks. As we noted last week, a beginning has at last been made in this city in the enforcement of the rule against spitting, the notices of which for so long afforded amusement to street car conductors and elevated road guards. The *Medical News* says that a well-known Chicago lawyer, of prominent social and political position, has been arrested for expectorating in a street car. He threatens to sue the company for \$50,000 damages. The *Sanitarium* says that among the suggestions made at St. Louis, on account of the difficulty in the enforcement of the order of the health department against spitting on the floors of cars, one is that a few cars can be run over the lines with the placard "spitters' cars" on their sides.—*Medical Record*.

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*DISINFECTION OF TYPHOID EXCRETA.—1. The best disinfectants of typhoid stools for practical use are: (1) a 1:500 acidulated solution of corrosive sublimate, (2) a 1:10 crude carbolic acid solution, (3) chlorinated lime.

2. Owing to the possibility of injury to plumbing, the carbolic acid solution is preferable wherever plumbing is concerned. The lime is best for country use in privies and trenches.

3. The disinfectant should be thoroughly mixed with the stool and left in contact with it for fully two hours. Enough of the disinfectant must be added to completely cover the stool with the solution.

4. The bed-pan should be kept ready filled at all times with at least a pint of the disinfectant into which the stool is at once

^aSummary of a paper on "Disinfection of Typhoid Excreta," by Dr. W. Gilman Thompson, presented at a Meeting of the Medical Society of the State of New York.

discharged, and should be cleaned with scalding water and one of the disinfecting solutions.

5. Rectal thermometers, syringes, tubes and all utensils coming in contact with any of the fecal matter must be disinfected with the corrosive sublimate of carbolic acid solution.

6. After each stool the patient's perineum and adjacent parts should be washed and sponged with a 1:2000 corrosive sublimate solution.

7. Nurses and attendants should be cautioned to wash their own hands thoroughly and immerse them in a 1:1000 corrosive sublimate solution after handling the bed-pan, thermometer, syringe or patient, or giving sponge or tub baths.

8. All linen and bed clothing used by the patient should be soaked in a 1:20 carbolic acid solution and subsequently boiled for fully two hours.

9. Disinfection of the stools should be begun as soon as the diagnosis of enteric fever is established, and should be continued for ten days after the temperature has remained at the normal.

10. In localities where a proper drainage system is lacking, the stools should either be mixed with sawdust and cremated, or buried in a trench four feet deep after being covered with chloride of lime.

Abstracts and Extracts.

THE SERUM DIAGNOSIS OF TYPHOID FEVER.—Peterman in the London *Lancet* records his experience of Widal's method of diagnosing enteric fever. For several months he has employed Widal's test in a series of cases at the military hospital of the city of Moscow, and has never failed to obtain positive results. In two instances he has taken the blood serum from convalescents, who, as far back as eleven and sixteen years ago respectively, passed through an attack of typhoid, and mixed it with a fresh emulsion of living Eberth's bacilli. Within a few hours the latter became less motile and changed their shape. The process of agglutination has been observed to be fully developed within twenty-four hours, the specimen being kept for that time at the usual bodily temperature. This observation is of far-

reaching importance, since it tends to show that for a very long period after convalescence the patient's serum is able to exert the described influence on the typhoid organisms. In conclusion, the author says that Widal's method is very useful for diagnostic purposes, and he expresses the belief that it will soon come into general use.—*The Charlotte Medical Journal*.

SURGICAL OPERATIONS IN THE DAILY PAPERS.—Since medicine and surgery became established upon a scientific foundation certain distinctions have served to indicate to the general public the line of separation from charlatanry. To make such distinction the methods of advertising in the public prints common to quacks and nostrum vendors have been interdicted on the part of the regular medical profession. In fact this is the chief criterion by which the public has learned to distinguish between scientific physicians and pretenders. Modern ingenuity in advertising as utilized by irregular practitioners and proprietors of patent medicine has so closely simulated ordinary reports of medical and surgical cases that the lay reader is often misled. This confusion is increased when regular physicians adopt the methods of charlatans to report so-called remarkable cases in the daily papers.

This vicious practice has been so frequently condemned by the medical press and by medical societies that it would seem useless to continue to animadvert upon the subject; but the eagerness of certain members of the profession to attract public attention oversteps at times all bounds of professional decorum and decency. In some instances this abuse is so often repeated that one might infer that a surgeon has adopted the practice of reporting every major operation he performs in the daily papers. Some common surgical operation is described in detail, headlined as a "Triumph of Surgery," a "Delicate Operation," "A Remarkable Case," etc., with exaggerated and sensational descriptions of ordinary surgical methods. The details, however, are usually sufficiently accurate to show that the source of reportorial information is in the surgeon himself, who seeks such notoriety as a "near cut" to public favor and patronage.

Apart from the position in which the profession as a whole is placed by such methods, the advertising surgeon is taking a most unfair advantage of his colleagues. The profession is scan-

dalized by such conduct and should by a vigorous public sentiment condemn all such disreputable methods. When a physician or surgeon adopts the advertising methods commonly practiced by charlatans he is breaking down the barriers between scientific medicine and quackery and has no right to expect the respect and confidence of his professional brethren.—*The Journal of the American Medical Association.*

* * *

THE CONSTANT CRY THAT PHYSICIANS ARE STARVING.—The subject of our editorial now under consideration is one of vital importance, both to the medical profession and the laity, but more so to the former. Many articles have been written as well as editorials on this matter, and it would seem by drawing conclusions, that the medical profession is one of the most menial that could be followed. This is an entire false aspect of the situation, and the sooner we get rid of this idea the better it will be for doctors generally. That the profession is overcrowded, I am inclined to doubt, *i. e.*, with good, honest and conscientious men, who are willing to devote their time and brain to their work. The great trouble in these times is that, especially during college days, too many young men work merely for the title or handle to their names, and after graduation no more books, nor any research or study is pursued. What is the result? Any one can judge and foretell the destiny of such men.

There is no doubt but that every physician who wants to work can find enough to do. If one would look upon everything as being overcrowded, there would be no new grocery, confectionery, or for that matter any other kind of stores opened, and we would be at the mercy of big monopolies.

Fees have of course been cut down by men eager to build up a practice, but only to their own detriment in the end. A doctor might as well make only half the visits as to die from overwork, and but little remuneration for his services.

Here also comes in the question of what are commonly known among the laity and doctors as "hard pay patients." Some method should be devised by which a record would be kept at a medical society's rooms of such people, to which only the doctors belonging to the society can have access, and then such patients could soon be weeded out. Beer and bad women seem to be, in most instances, the recipients of such people's

cash, and they should in consequence be made examples of. We do not here refer to the indigent poor, who no reputable physician will refuse medical aid.

There is also, generally, a lack of business experience and business principles among medical men, and this militates very greatly against their success, principally because doctors frequently come in contact with business men, and to handle such in a business way is all that is required to gain their confidence. Adapting oneself to the situation is one of the first principles of our honored profession, and the cry of overcrowding and starvation should be hounded down as quickly as possible and more honest work performed, and the result will be better fees and the elevation of the profession to a higher rank among the community.

This cry constantly places the doctor on a level with ordinary laborers, and makes it appear as though our services should be "cheap" and not be more respected than any other calling.—*The Charlotte Medical Journal.*

Medical News and Miscellany.

FOR SALE IN MISSISSIPPI.—A two thousand dollar practice, seven room residence, all necessary outbuildings, a well of good water, 6 acres of land attached, in a growing railroad town with good church and school facilities. Address this office.

FOR SALE.—A practice worth \$2000. Desirable home, beautiful country, good people, large territory, safe pay. Two hundred and fifty dollars (\$250) will buy. For particulars, address MEDICAL RECORD OF MISSISSIPPI, Biloxi, Miss.

The following announcement has been made: "Gulf Coast Sanitarium, Biloxi, Miss., H. H. Haralson, M. D., Ex-President Mississippi State Medical Association; J. R. Tackett, M. D., former Assistant Superintendent, East Mississippi Insane Asylum. Open the year round. Delightful climate, quiet retreat, latest appliances, up-to-date accommodations, specialists in the various departments. Both medical and surgical cases received.

Dr. J. R. Tackett will treat nervous diseases, morphine and cocaine habits on strictly scientific and ethical principles. Patients are assured of the most careful attention. Boating, bathing, fishing, driving, cycling and other out-door amusements. Guests received after June 1, 1897. J. M. Taylor, Business Manager."

Dr. R. Mitchell of Maury & Mitchell's Sanitarium, Memphis, Tenn., spent several days in Biloxi recently. Dr. Mitchell is well-known in Biloxi, this being his seventeenth annual visit to this city. He usually comes in May and remains some two or three weeks for rest and recreation. The tired and hard worked business or professional man can not go to a place better suited to such conditions, a fact fully appreciated by Dr. Mitchell.

Deering J. Roberts, M. D., editor *Southern Practitioner*, Nashville, Tenn., states (original paper, "Nervous Diseases and Treatment"): "Neurosine, not containing opium, morphia or chloral, makes it more commendable, as we all know the dangers resulting from the use of such hypnotics and narcotics, and the general unsuitability of drugs of this class in the treatment of all nervous diseases. I have found Neurosine so uniformly satisfactory that I but deem it my duty to let others know the benefit I have derived from its use."

Dr. E. J. Vaughan, a retired physician, an honored and respected citizen, died at his home in Ocean Springs, Friday, May 7, 1897.

Dr. A. P. Champlin of this city, died very suddenly Sunday, May 9, 1897. Dr. Champlin had occupied many places of responsibility during his professional career. At the time of his death he was the State's quarantine officer at Cat Island Quarantine Station. The doctor was a splendid quarantine officer having served in that capacity many years.

The many friends of Dr. B. F. Kittrell of Black Hawk, will be grieved to learn of his death, which sad event occurred since our last issue.

Dr. H. M. Folkes of Jackson, has been recently elected quarantine physician at Cat Island Quarantine Station to suc-

ceed Dr. Champlin, deceased. Dr. Folkes is now at the station and we have no fears as to its administration by him. He has a task before him but I believe he will prove himself equal to it. He has recently returned from Central America and his service there makes him better fitted for the service he is now in.

Dr. O. L. Bailey has removed from Newton, Miss., to Ocean Springs, Miss. The doctor is a splendid man and deserves to succeed. The people of Ocean Springs are to be congratulated on securing so valuable a citizen and physician.

IMPERIAL GRANUM.—A prominent Vermont physician writing to thank The Imperial Granum Company for copies of their famous clinical record, adds the following convincing words as to the merits of their product as a food for children: "I can show a baby that has been reared on—Imperial Granum—after trying numerous other foods until he was reduced to a mere skeleton—that is now as tough and strong a boy of fourteen months as can be found anywhere."

D. H. Shannon of Ocean Springs, was in Biloxi a few days ago and gave us a pleasant call. He has opened an office at Ocean Springs and will resume the practice of medicine.

Dr. S. R. Olliphant and Dr. Wm. H. Wood of New Orleans, made a visit to Biloxi the 16th of May. Dr. Olliphant is president of the Louisiana State Board of Health and Dr. Wood is the sanitary inspector for said board. These gentlemen were accompanied by Mr. Howard, attorney for the board, and Mr. Maunsell, a member of the board. It was gratifying to the State quarantine authorities to have such distinguished men in maritime quarantine concur with them in positions taken relative to the establishment of Cat Island quarantine and the removal of Gulf Quarantine Station from Ship Island.

Dr. Olliphant made a most thorough inspection of our plant and pronounced it capable of doing as efficient work as the plant at the Mississippi River Quarantine, operated by the Louisiana State Board of Health. This plant and service is known throughout the world and regarded as one of the finest and most efficient. He says that we are thoroughly equipped for the treatment of any class of vessels and that we ought not to allow any

vessel to anchor in Ship Island harbor until released by authority of the State Board of Health.

The entire party was very much surprised to find the condition that really exists at Ship Island, and seemed more surprised that Dr. Wyman would undertake to defend the location of Ship Island Quarantine Station.

"THREE-QUARTERS OF A CENTURY.—It is not often vouchsafed to any man to live through an active life of seventy-five years; to become laden with professional honors; to have his life's work crowned with the plaudits of his associates, and with the peace of an approving conscience, to retire from active business pursuits. Such is the unusual experience of our friend and fellow citizen, Dr. G. W. Trimble. To-morrow's dawn ushers in the seventy-fifth anniversary of the doctor's life, and when he reaches this milestone, which marks a half decade more than the three score years and ten, he will celebrate the event by retiring from the practice of medicine. For more than forty-five years his life has been an open book in this community. Rich in honors, pure in life and beloved by all, he puts aside the medical toga while still enjoying a lucrative practice. He has labored faithfully—he has earned a rest—may many years of happiness still be his."

The above was taken from "*The Grenadian*," a paper published at the home of Dr. Trimble." In 1877 Dr. Trimble became a member of the Mississippi State Medical Association and has always been true to its principles. He was the Association's orator in 1882 and its president in 1890. He served several years as health officer of Grenada county, and is now a member of the State Board of Health, having been appointed by Gov. McLaurin in 1896 for a term of four years. The doctor has been honored by the profession of this State, and retires from the active practice with its respect, confidence and esteem, all of which he merits.

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Original Articles.

Obstruction of Male Urethra, With Cystitis and Nephritis— Report of Cases Operated Upon.*

BY ROBERT E. JONES, M. D., CRYSTAL SPRINGS, MISS.

Having in the last few years met with quite a number of cases of cystitis and nephritis in the male, due to urethral obstruction, and, as some of the cases were of so much interest to me and to those who saw them, I have thought that a report of some of them would prove interesting to this Association.

Case 1—Leo, negro, aged 4 years, was brought to my associate in the practice of medicine, Dr. J. M. Dampeer, in the spring of 1896, with a history of difficult micturition, suffering great pain during his effort at evacuation of the bladder, and immediately following its evacuation, upon examination, an elongated and an adherent prepuce with a very small prepuce opening was discovered. We had him to pass urine while under observation, and there was ballooning of the part of prepuce not adherent to the glans penis, with the urine escaping through the opening in drops. Although the history and conditions discovered led us to suspect stone in the bladder, we decided to operate for the purpose of relieving those conditions and wait awhile before making further examination. We had a hope that drainage of the bladder, by removing the obstruction, and the relief of the irritation of the glans by breaking up

*Read before Mississippi State Medical Association, April, 1897.

the adhesions, thus doing away with any possible reflex effect that the cystitis, if no other cause existed, would be relieved.

Having placed him under chloroform anæsthesia the operation of circumcision, with that of breaking up adhesion, was done by Dr. Dampeer in the usual manner. In a short time our attention was again called to him, who was reported to be not at all improved by the operation, and, at this time, showing evidence of diseased kidneys. We proceeded to further examination. The urethra being free from obstruction the sound readily passed into the bladder and stone was discovered. We wanted to operate at once for its removal, but the family moved from the neighborhood and we lost sight of the case for several months, when our attention was, for the third time, called to him. His condition at this time was extremely bad, very much emaciated, feet, legs and face œdematous, and it looked as if it would be useless to undertake an operation for the removal of the stone. Knowing it, however, to be his only chance for recovery, we decided to operate.

We went to his home, a little, poorly lighted, but well ventilated hut in the woods, and found him hardly able to walk, but creeping about over the floor with his penis in his hand, screaming with pain. After thorough sterilization of instruments, field of operation, and hands, assisted by Dr. Dampeer, I proceeded with the operation for the removal of the stone by the supra-pubic method. Not having the rubber bag advised to be used in the rectum to press the bladder forward and upward for the purpose of lengthening the distance between the pubic bones and fold of peritoneal membrane, we introduced a Barnes' rubber bag, which was inflated and which fulfilled the purpose well. After having used the double current metallic catheter to wash out the bladder with boracic acid solution, the bladder was distended with the solution, and, instead of removing the catheter, as is advised in the operation, a clamp was placed upon the discharge end of the catheter for the purpose of retaining the solution in the bladder. This being done, it was not necessary to tie a string around the penis for the purpose of retaining the solution. The clamp, at the close of the operation, was easier of removal and the danger of doing injury to the penis by tying the string around it obviated. Another important purpose served by the catheter was directing the operator to the point at which the bladder should be reached.

Beginning a little below the pubic bones an incision was made in the median line through the skin and fascia to about $1\frac{1}{2}$ inches above these bones. The assistant holding the catheter close to the pubic bones with its point upward, the dissection was carefully made to the point of the instrument.

Before cutting into the bladder its wall was caught up by a tenaculum and a stitch of silk made on either side of line to be incised, to give support to the bladder walls before and after incision. The rubber bag was now removed from the rectum, the clamp from the catheter and the solution allowed to escape from the bladder. The bladder was incised in the median line and the stone, $1\frac{1}{4}$ inches in length by 6-8 inches in diameter, phosphatic in character, was removed. On account of the thickened condition of bladder wall its edges were not stitched to the edges of the wound. Double drainage tubes were placed in the bladder through which it was daily washed, and the silk that gave support to bladder removed. Although the little patient stood the anæsthetic well for forty-eight hours, he looked as though he would not react, but, after several days of slow improvement he made pretty rapid strides toward recovery. Only a few days after the operation he was able to pass some urine through the urethra. The drainage tubes were removed after about ten days and the wound closed in about three weeks. Chemical examination of the urine showed albumen. The œdema and all evidence of nephritis gradually disappeared and he is now, twelve months after the operation, a robust boy.

Case 2 - Dixie B., negro, aged 28 years. I was called to see him December 14, 1896. He had specific urethritis eleven years ago. Six years ago he began to suffer from what he called "gravel," for the relief of which his mother would give him water melon seed tea. It had gradually grown worse, and he now had great difficulty in passing urine. He was in bed with elevated temperature, and was, at this time suffering from a large perineal abscess.

Under cocaine anæsthesia, assisted by Dr. Dampeer, I made free incision and let out a quantity of very offensive pus. Judging from his history that he had stricture of the urethra, I proceeded to its examination and found the common condition in such cases existing in this, namely, a small meatus, which prevented satisfactory examination by sounds. Having enlarged it under cocaine, applied with the syringe, by cutting upon the

floor of the urethra with a small knife, I was able to introduce a sound to the middle of the urethra where a stricture of small calibre was found. Having the urethra, entire, well cocaineized, and measuring the distance from meatus with a No. 6 F. acorn point, which was the largest that would pass the stricture, it was divided with the Otis urethratome. After having cut this stricture further examination was made, but no other strictures were found. With a large bougie in the urethra and one finger in the perineal wound, I was able to feel the thin wall of the urethra and the bougie for some distance in their course, but was unable to find an opening in the urethra connecting it with the abscess, though I felt sure one existed. The perineal wound was well washed, packed with iodoform gauze, and the packing removed daily for several days.

A No. 20 E. bougie was introduced about the third day and its introduction advised once a week for several months. He passes urine a little too often now, but is getting well of his cystitis.

Case 3 — White, aged 35 years. On February 15 I received a note from him stating that he had been in bed with irregular chills and fever for about three months, sometimes having two sets of chills and fever during the twenty-four hours. In this note he stated that he could not pass his urine, except in drops, and that he was having a great deal of pain and distress about the bladder. At daylight, February 16, a messenger was at my gate with a note from him saying that he had, during the night, a very severe chill and wanted me to come immediately. The information contained in the note caused me to fill the instrument bag with suitable instruments for urethral examination and operation. Accompanied by Dr. Dampeer I called to see him and found him closely wrapped in bed, almost afraid to move, lest a chill should come upon him. He was very feeble and it was feared that he would not be able to bear the necessary examination of the urethra. The room occupied by him had a strong odor of ammoniacal urine, and he showed evidence of disease of the kidneys. He gave a history of repeated attacks of specific urethritis and of trouble with his bladder for two years, with painful and difficult micturition for that length of time. Upon examination of penis a small meatus was found which precluded possibility of examining further down the urethra without its enlargement.

He was given a good stimulant, the urethra cocainized and the meatus enlarged by incision with knife into the floor of the urethra. This having been done a bougie was introduced and met with obstruction 1 inch from meatus, nothing larger than the No. 6 French acorn point being admitted into its calibre. Although, to go further with the examination required the cutting of this stricture, with the possibility of urethral rigor and fever, added to the already dangerous condition, gave a possibility of exhausting him, we felt sure that the rigors which were already so frequent, were due to the absorption of the pent up matter in the bladder and that his condition admitted of no delay in operative measures. The cocaine and stimulants were repeated and his stricture divided in the upper floor of the urethra in the usual manner. The sound was again introduced and met with obstruction about $3\frac{1}{2}$ inches from meatus. The No. 6 acorn point was introduced and, by using some force, slipped through this stricture, was passed on through another about 1 inch below and was obstructed in its progress in the membranous portion of the urethra. Not considering it advisable to proceed further we placed him upon milk every three hours, with strychnia and digitalis as stimulants. For the purpose of sterilizing the urine with a hope of preventing the rigors for a while, and, in this way to allow him to recuperate before other operative measures, he was given salol four grains every four hours. A favorite mixture with Dr. Wyeth for this purpose in cystitis, as well as in urethritis, is salol, one drachm; oil of gaultheria, two drachms; twenty drops in capsule four times a day. He claims that it will sterilize the urine in from twenty-four to forty-eight hours.

Upon visiting him three days after this operation I found him just coming out of a severe rigor, but the urine was not so ammoniacal, and he seemed to have gained some strength by the regular feeding and by the administration of strychnia and digitalis. This treatment was continued and, as he lived in a swamp where malaria was abundant, bi-sulphate of quinine in fifteen grain doses was given twice a week. It was my purpose to wait as long as it was thought anything would be gained by waiting, for his recuperation. On the 25th of February he had another rigor and I decided to operate the next day.

On the 26th of February he was well stimulated, urethra cocainized, and, assisted by Dr. P. M. Catching with the ure-

thratome, the next stricture was divided, but with considerable difficulty, on account of the near proximity of the third stricture, which was of so small calibre that it would not admit of the passage of the point of the instrument, without which the knife of the urethratome would not be engaged in the stricture to be divided. After some effort the lower one was dilated sufficiently to admit of its passage and the two strictures divided without difficulty.

The fourth stricture was in the membranous portion of the urethra and of so small calibre that a filiform bougie would not pass. It having been considered best, on account of the rigors and the danger from hemorrhage in operating upon this part of the urethra, the urethratome was not used in dividing it. A bougie (not having a grooved staff at hand) was carried down to the stricture, cocaine having been hypodermically injected into the parts, and the field of operation kept infiltrated, dissection was made to the point of the instrument without difficulty. Now came the point at which difficulty was found.

I had operated by incision externally before, but was able to pass an instrument through as a guide, which made the operation easy. I tried to introduce the point of a small silver probe through the stricture in order to have something to guide me in making the incision through and below it, but nothing would pass, and I had to cut through the deep tissue and feel, and to feel and cut, being guided altogether by the sense of touch, when finally, possibly by accident, a cut was made, followed by a gush of urine which showed that the stricture had been divided and the pocket back of it containing a little urine had been reached. The bladder was well irrigated, a soft rubber catheter introduced through the urethra into the bladder, and the perineal wound packed with iodoform gauze. The nurse was instructed to remove the clamp from the catheter every three or four hours and, after allowing the urine to escape, to irrigate the bladder with sterilized water and boracic acid. It was easily done, and being enjoyed by the patient, I thought the oftener it was done the better would be the result. On March 2 the catheter was removed, and, as one of the strictures in the pendulous portion was not large enough it was further divided, the catheter cleaned and replaced.

March 9, seven days after the operation, there had been no more rigors and he was cheerful. The perineal wound healed

rapidly from the bottom and was soon closed. No urine passed through the wound at any time. The catheter was removed and he was able to pass a good stream of urine. A No. 20 English bougie was passed through the urethra on the third day after the operation and its use advised as the irritation produced by it would allow. A specimen of urine obtained when the bladder was first reached showed 10 per cent albumen. It has gradually disappeared and an examination of urine on April 10 showed only a trace. He is getting well and is able to travel around over his farm and neighborhood. It was thought when this case was first seen that possibly supra-pubic drainage would be the best course to pursue in order to give him temporary relief, but after careful consideration I concluded to do the operation for permanent relief.

Two of these cases were selected for report because they were cases that I think would have been considered by most surgeons too far advanced for operation, and would have been allowed to die rather than take the risk of doing damage to the operation itself and injury to their reputation as surgeons. I have not discussed the different modes of operation for stricture because of the danger of making my paper too long, but, in the last case reported, I do not think that any but the cutting operation could have been used because the case was one that would not have admitted of delay.

Some Points in Hypodermic Medication.*

BY N. L. GUICE, M. D., MERIDIAN, MISS.

The hypodermic injection should rank as a surgical operation and should be given with the same precaution against sepsis that we would practice in a minor surgical operation.

The needle should be carefully cleansed with water and a clean handkerchief or other suitable material before each injection. After the operation it should again be cleansed and returned to the hypodermic case, being careful meanwhile that the fingers do not come in contact with the point or any part of the same which is designed to enter the flesh of the patient. To accomplish this best the operator should touch only the shoulder of the needle. The better plan, however, is to have the hypoder-

*Read before Mississippi State Medical Association, April, 1897.

mic case constructed in such style that the needle can be unscrewed from the syringe by screwing it into a properly designed opening in the latter, thus obviating the necessity for touching the needle at all. A small wire should then be passed into and through the perforation in the needle, where it should remain constantly except when in use.

Thus it is never at any time necessary to handle the needle with the fingers of the operator. Our hands are always covered with septic material excepting immediately after careful washing and disinfection, and hence to handle or slide the fingers over the needle is to insure a septic condition of same.

Precaution is also necessary that the water, spoon and other things used in the preparation of the solution should be scrupulously clean, and it is best to boil the water used, except it shall have been previously sterilized by boiling. The solution being thus carefully prepared and drawn into a clean syringe the latter is screwed into the needle and the needle at the same time unscrewed from its attachment to the case where the screw attachment is used. Or, if this be not used, the operator can attach the needle by touching only the expansion or shoulder of same. At this stage dip the needle into clean water and use it without drying.

While a surgically clean needle and solution will usually insure a perfect result it is safer and more in accord with scientific principles to wash well the point of operation with soap and water in order to insure a clean surface. The proper place to give such injections are the dorsal surface of the forearm, the outer surface of the calf of the leg, the buttock, the broad region of the back, the latter (lower) regions of the chest and front of the abdomen, in other words, any spot where the tissues are not dense and unyielding and blood vessels not numerous.

To give the injection correctly a fold of the skin, including the sub-cutaneous tissues should be raised and firmly held with the thumb and index finger of the left hand. With the right hand the needle is thrust well into this raised fold, preferably in a diagonal direction (as relates to the fold) and above the thumb and finger, care being observed that the needle point shall rest in the midst of the loose fibrous tissue connecting the sub-cutaneous tissue with the subjacent muscles. This special tissue being composed of yellow elastic fibres, insures by reason of its great elasticity, the introduction of the solution without violence

to the parts. And, this is in truth no insignificant desideratum when we take into consideration the ease with which unyielding structures can be lacerated by the force represented in the plunger of the hypodermic syringe. Muscular tissue is adequately elastic but I do not think this structure should be habitually invaded with the hypodermic injection. And I would record just here a single important point, to-wit: When about to give a hypodermic injection of an irritant preparation like that of a solution of quinine the operator should select the dorsal surface of the forearm, the leg or other equally convenient region for the application of a surgical dressing. This will be found decidedly advantageous where we are called upon to treat cellulitis or other painful result of the injection.

There can be no excuse for causing cellulitis, abscess or other painful results with the hypodermic syringe where a non-irritant solution, such as morphia, codeia, etc., are used. And, where such results appear they are due to such criminal neglect as is represented in a dirty needle, dirty solution, laceration of the tissues from selection of improper point for injection or other avoidable neglect.

I have known physicians to prepare a hypodermic solution in the palm of their dirty hands and then to utter surprise when the injection was followed by an abscess or ugly slough, and an open ulcer lasting six months or more. Such conduct is wholly inexcusable and should deprive the operator of the privilege of disgracing the profession. A clean solution prepared in a clean spoon and given from a clean syringe through a clean needle should very rarely cause even a slight redness of the skin, provided the remedy or agent employed be non-irritant in its action upon the tissues and provided the injection be properly given.

From observation I believe it to be a common practice with physicians to rub the points of the thumb and index finger over the needle, apparently in a thoughtless manner, after the syringe is charged and immediately before giving the injection. As a rule this will insure a more or less septic condition of the needle, with corresponding painful results. The needle should also be kept free from rust as this is injurious to the tissues, and, at the same time, supplies a convenient nidus for the accumulation of septic material.

When cellulitis or other inflammatory trouble is induced as a result of hypodermic medication from whatever cause, treat-

ment for this condition should be promptly instituted, and the best results will generally follow the diligent application of lead lotion or the hot compress, or both alternately applied. To obtain the best results from the lead lotion it should be applied early, and, by means of a compress kept constantly wet with the lotion and this covered securely with oiled silk or rubber tissue to prevent evaporation. I have repressed cellulitis resulting from an acid solution of quinine in this manner.

As a rule too much atropia is given in combination with the ordinary hypodermic of morphia. Particularly is this true as relates to our lady patients. It is customary to give in combination with a quarter of a grain of morphia, from the one hundred and fiftieth to the one hundredth of atropia. Even the smaller dose named usually induces extreme dryness of the mouth, uncomfortable heat and dryness of the skin with a sense of general discomfort. To the average lady patient the four hundredth of a grain of atropia with an average dose of morphia is quite sufficient. This dose causes no discomfort whatever and affords all the needed protection against nausea.

Many physicians will not use quinine hypodermically because of their fear of bad consequences to the patient. And it is a fact well known to practitioners who are familiar with malarial diseases that many patients can not be saved without the hypodermic use of some preparation of quinine; that it is, in fact, often a *sine qua non*. This being true there can be no excuse for withholding this treatment, notwithstanding the occasional occurrence of consequent sloughing and even of tetanus and death, *which latter is extremely rare*.

I have given hundreds of hypodermic injections of an acid solution of sulphate and bi-sulphate of quinine (the latter being best because of requiring less acid for solution) and have had no trouble beyond an occasional cellulitis, which was arrested promptly and without the occurrence even of suppuration in all but one or two instances.

Finally I must repeat with due emphasis that there can be no valid excuse for refusing to administer quinine hypodermically when such is demanded by the condition of the patient. In such cases, as previously stated, the solution should be injected at a point upon which a surgical dressing can be conveniently applied. Then, should inflammation set up at the point of injection (which will occasionally follow the use of any preparation of quinine),

the diligent application of the treatment above mentioned may be relied upon to arrest it.

But granting for the sake of argument that an extensive slough should ensue, with all of its painful and troublesome consequences, this would be quite insignificant when contrasted with death, resulting from withholding from the patient a positive, a specific remedy.

The Rational Method of Treating Typhoid Fever from the Present Views of Its Nature and Aetiology.

BY J. J. NORTON, M. D., MONROE CITY, MO.

That it is an infectious disease there is no intelligent physician of to-day who would question or deny.

I understand by the term infectious disease, one, dependent on the introduction into the system of certain pathogenic micro-organisms which find within the system the conditions or environments favorable to their reproduction and growth. And the systemic disturbance observed is because of the absorption into the circulation of the organisms themselves or of their toxins. A distinction or classification which by those engaged in studying the subject of convalescence from infectious maladies and the immunity conferred, should constantly remember. For, individually, I am inclined to believe that the near future will demonstrate that nature employs quite different methods in each class in accomplishing those happy results. That serum therapy is based upon correct principles I have not a doubt, and that we have in the antitoxins of a few of our infectious diseases an efficient agent, no one at all conversant with the literature of our profession should be annoyed by doubts or permit his patients to suffer for his unbelief. Yet that the serum of the blood of a party who for forty or fifty years had been completely immuned to one of that class in which the organisms themselves are absorbed and circulated to all the tissues, as in rubeola, for instance, would be equally potent in controlling the disease as it should. If the immunity thus enjoyed was because of an ever present antitoxin in the blood I have serious doubts. But this is a digression from the subject indicated by the caption of this article.

There are but three portals by which a morbus-materia can

enter the animal economy. It must enter either by the way of the alimentary tract, or through the organs of respiration, or be absorbed by the skin.

That infection takes place in typhoid by way of the digestive tract in a large per cent of cases, all of the profession admit, and many believe it occurs in no other way. And the pathogenic bacilli thus introduced find within the bowels conditions favorable to their reproduction, and it is from these organs that the toxins are absorbed which give rise to the systemic disturbance which we observe, and that the bacilli themselves are rarely, if ever, absorbed, but are eliminated from the system either by catharsis or emesis.

These facts make it a duty which every physician owes to the community in which he may labor, to see that the nurses of every suspected (I say suspected because in the early stage of the disease it is frequently difficult to make a positive diagnosis) case of the disease observe perfect cleanliness and adopt every other precaution necessary to protect themselves from infection, and to permit none of the excretions of the patient to be removed from the sick chamber until after they have been completely sterilized by such methods as he may select. By these precautions the spread of epidemics will be controlled, much suffering and misery prevented and many valuable lives saved to the nation and society.

Because of the views regarding the nature and pathology of the disease, the methods of treatment were necessarily expectant or anti-symptomatic as long as it was considered a filth disease and dependent upon an occlusion or crowd poison.

Since it has been established to depend upon a pathogenic organism in the bowels the question has intruded itself upon the mind of every thoughtful physician whether it might not be cured or abated by appropriate antiseptic methods of treatment. I know of but one of our profession who has unequivocally answered this question in the affirmative.

Dr. J. Elliott Woodbridge, formerly of Youngstown, Ohio, claims that by keeping the contents of the stomach and the bowels constantly medicated with certain reputed germicidal or antiseptic agents, in conjunction with minute doses of podophylline and the mild chloride of mercury, given every fifteen minutes, that the production of toxins will be inhibited, the vitality

of the bacilli destroyed and by keeping the bowels moderately active by the use of the calomel and podophyline bath the devitalized bacilli and the toxins will be eliminated from the bowels.

That his claims are just regarding the germicidal action of his method he defies the microscopist or bacteriologist to demonstrate the existence of a living bacillus in the alvine discharges after the third day of treatment.

In conjunction with his antiseptics he guards against hyperpyrexia by frequent sponge baths and encourages the functions of the emunctories, especially those of the skin and kidneys, by the exhibition of frequent and large draughts of pure or distilled water.

He claims that by adopting this method early in the disease, *i. e.*, in the first week all will recover, and that by the fourth or fifth day of treatment marked improvement in all of the symptoms will be observed, and by the thirteenth or fifteenth day convalescence will be fully established.

I have not had sufficient experience with his method to entitle me to an opinion as to its merits. But the reports for the last year from those who have employed it have been so numerous and encouraging as to entitle it to the favorable consideration of the profession. For until we are supplied by the bacteriologists with an antitoxin worthy of our confidence with which to combat this scourge to society, his method and the salicylate of ammonia treatment suggested by Dr. Bartlett ten or twelve years ago are the most rational and have been accompanied by better results than any other proposed, with possibly the exception of the Brand method, a plan of treatment with which I have had no experience. I can't think that hyperpyrexia is the only danger with which we have to contend.

Bartlett's treatment is based upon the same principles as that of the Woodbridge method. He claims by employing the following:

R.—Salicylic acid.....	3ij
Carb. ammonia.....	3ij
Peppermint water.....	3iv
M.—Sig.—Teaspoonful every two hours.	

You have an efficient antiseptic which will inhibit the reproduction of the bacilli and their toxins and a fairly good and reliable antipyretic, and because of the free carb. am. in the solution you

have a tonic or heart stimulant which counteracts the depressing effect of the sal. acid.

I have relied on this formula for the last ten years. To get the best results it should be employed early in the disease. A large per cent of cases, if treatment is commenced early, will begin to convalesce by the tenth day without any evidence of enteric trouble whatever.

The clinical picture of the early stages of the malady with that of the subsequent ones, are so different that they suggest the possibility of a dual infection in the later period. May there not be an analogy in the stages of typhoid to those of smallpox: may we not have in typhoid the primary fever, as in rubeola, and the secondary, only in those cases where the enteric lesions proceed to the ulcerative stage, and it, the fever, protracted by the absorption of septic matter from these lesions, as it is in variola from septic absorption from the cutaneous ulcers? I appeal to the experience of every reader of this article if they have not had many cases of typhoid, the diagnosis of which there was no doubt, which commenced to convalesce about the tenth or twentieth day, in the history of which there was at no time any evidence of enteric disease. It is rational to believe that if, by appropriate antiseptics, you inhibited the growth of the organisms and the production of toxins, you should protect the glands exposed to these poisons and thus prevent the ulcerative process. As many cases of variola are aborted or cured by the eruptions being arrested in the vesicular stage, so I think many cases of typhoid are aborted by appropriate antiseptics by preventing the characteristic ulceration of the glands of the bowels, which is always present in the latter stage of the disease.

As the best results from this method are obtained only where employed early in the disease, it is important that the diagnosis should not be postponed, a condition not always easy to avoid. But as we are more likely to confound the first stage of typhoid with certain forms of malarial infection than any other pathological condition, it is well to commence the antiseptic at the start, as no ill effects would result should our suspicions prove incorrect.

As perforation of the bowel is the only complication liable to occur, the proper treatment of which is yet under discussion, I will say nothing of any other. There are but two methods recommended for this unfortunate condition. That of Dr. Alonzo

Clark, which consists of perfect quiet and immobilization of both the patient and his bowels, effected by the administration of large and oft-repeated doses of opium, hoping that the wound will be closed and extravasation prevented. The result from the opium treatment has been so unsatisfactory and the reported recoveries so few, that possibly we should be excused should we entertain some doubts as to the correctness of the diagnosis of the cases reported successfully treated by this method.

The proper treatment of traumatic perforation of the bowels is no longer a debatable question. He who fails to advise a laparotomy for such cases would to-day be considered derelict in his duty as a physician, and would expose himself to a suit for mal-practice. A laparotomy is not a dangerous procedure. The peritoneum is not that irritable and spiteful organ it was supposed to be before the days of aseptic surgery. Instead of being the spiteful organ which would resent the temerity of him who would invade its sacred precincts with a destructive peritonitis, we have learned that if approached with clean and skillful hands and aseptic instruments, it becomes the surgeon's friend and most efficient coadjutor in rendering pathological conditions in the abdomen which, without their mutual aid and co-operation, would surely prove destructive to the sufferer.

Typhoid perforation occurs in cases a large per cent of which have been mild in character and in which the vitality has been but little impaired. There has been, I believe, twenty-two laparotomies reported for this accident, with five recoveries; eight of the cases reported were by men who claimed that it was the duty of the profession to urge surgical interference in every case, no matter how unpromising it was. By advising this method only in properly selected cases the results would be more favorable.

With these facts before us, I submit the question: Can we, as conscientious men and true physicians, longer permit from 90 to 100 per cent. of these unfortunates to die without not only advising, but urging, upon them to accept the benefits offered by surgical treatment?

First Few Days of the Overflow.

By E. A. CHEEK, M. D., ARCOLA, MISS.

During the sudden overflows that will sometimes occur in the "Yazoo-Mississippi Delta," there is considerable excitement among the people. All moving from the low lands looking for a higher place for safety. That causes, in some places, especially along the banks of "Deer Creek," quite an accumulation of people in a small space, necessitating one person to encroach upon the rights and privileges of another, thereby exciting strife and discontent; under these circumstances we expect accidents and misfortunes, but during the past week we think it has been unprecedented in this community.

On last Sunday night I was called to see Richard T., who had been shot in the left thigh with a Winchester bullet. The ball entering on the anterior portion of the thigh, at the junction of the lower and middle third, passing directly backward and upward, coming out on the posterior part of the thigh at the junction of the upper and middle third, missing the femur. I applied an iodoform dressing over the entrance and exit of the ball, instructed him to be quiet in bed, keep parts thoroughly clean with bichloride wash and iodoform dressing.

The next night, Monday, I was called to see George S., aged 52 years. While on the stand for an innocent hare in her desperation to flee from the approaching floods, he rested the muzzle of his gun on his foot, and I suppose began amusing himself with the triggers, at any rate the gun was fired, the entire load passing through the middle of his foot, making an opening I could easily pass two fingers through, shooting away a good part of the third metatarsal bone and fracturing the second and fourth.

I removed the third metatarsal bone entirely with the shot, gun wadding, pieces of shoe, sock and other foreign substances, leaving the second and fourth metatarsal bones with all the toes in position; packed the wound with iodoform gauze and did not see him until the fourth day, when I found the blood supply had been cut off from the third toe and it gangrenous; I removed it and since that time have removed the second and fourth metatarsal bones with corresponding toes, leaving a V-shaped foot with only the great toe and little toe remaining. The wound is

now in a healthy condition and I think will get well. The question is, will his foot be more serviceable in that condition than had I amputated at the tarso-metatarsal articulation after "Lisfranc." My opinion is it will be better as it is, since I think I can approximate the two toes left so that the vacant space will fill in to some extent, and will give a better spring to the foot in walking than had I amputated it.

On the next night, Tuesday, I was called to see Sol B. and Lee R. While some of the negroes were gathered about the boat landing watching others move out of the overflow, they became involved in a general row; one decided he would try the effect of his muzzle-loader on the crowd, Sol and Lee getting full benefit at short range with small shot. I found both lying in a cabin on the floor. Sol was shot through the mouth, entire load and wadding passing through *en masse* from left to right, tearing away a good portion of left cheek and all of lower jaw on left side, from angle forward and half of jaw on right side. All the teeth on left side of upper jaw were shot away except two back molars, with fracture of bone. I removed fragments of bone, packed wound with iodoform gauze and next day sent him to charity hospital at Vicksburg; understood yesterday he is doing well and will probably get well.

Lee was shot in right side with small shot, load passing *en masse* through upper part of middle third of right arm, making an opening that extended from the bone beneath to a bridge of skin on outer side, severing the biceps muscle and brachial artery, humerus uninjured, some of the shot passing into the right side between the fourth and fifth ribs, penetrating the lung; there is some solidification of lung in that region causing a cough but no spitting of blood.

I said the brachial artery was severed; it does not seem reasonable to me that an artery of that size could have been shot in two without producing hemorrhage, but I saw him within an hour after injury and at once noticed the wound was across the track of the artery and applied a tourniquet to be tightened in case of hemorrhage; there was no pulsation at the wrist, nor in the bend of the elbow, nor could I detect any pulsation in the wound with my finger resting on the bone, pulsation above the wound near the axilla was all right, circulation in arm is not good but improving, arm is inclined to be cool with finger tips cold, have been keeping arm well bandaged and in dependent

position in order to facilitate circulation; have instituted no special treatment for injury to lung; have been keeping wound in arm thoroughly washed and dressed with iodoform gauze; patient is now doing well and chances for his recovery are good.

Since the overflow is upon us and we have adapted ourselves to the new surroundings no further accidents have happened.

La Grippe.*

BY H. A. MINOR, M. D., MACON, MISS.

When my friend, Dr. N. L. Clarke, asked me to write an article for his section, I had on my hands a number of children sick with la grippe. I told him, therefore, that I would contribute an article on "Grippe in Children," but when I attempted to write it I found that what I wished to say applied with equal force to all ages. So my essay is on "La Grippe, or Epidemic Influenza," regardless of the age of patient. My subject is so large and my time and space so limited that I shall confine myself to a discussion of its pathology and the outline of treatment based on this hypothesis.

Our standard authorities define la grippe as an "epidemic influenza of the mucous membrane of the respiratory passages with many complications." It is after much hesitation and not until after a great deal of thought that I take the position that this is not the correct pathology, but that it is "an epidemic irritation of the cerebro-spinal nervous system," the force of the disease being expended on any one, or on any number of the parts of that system, exhibited mainly at the periphery of the nerves emanating therefrom. I was set to thinking along this line by a short article that I saw in a journal; I can not now recall either the name of it or the author of the piece. I would be glad to give him credit for the conception of the idea.

In my study of grippe, both theoretically and practically, at the bedside, I had long felt that the treatment suggested by the accepted pathology was inadequate to meet the emergencies arising in the course of the disease, leaving much to empiricism, and to mere treatment of symptoms. Besides, many symptoms can not be referred to this pathology, but strongly suggest other pathologic states.

*Read before Mississippi State Medical Association, April, 1897.

This "epidemic cerebro-spinal irritation" is, I take it, analogous to cerebro-spinal meningitis. The one an irritation of these centers, the other an inflammation of the coverings of the same. Now, irritations do not ordinarily leave structural changes in the parts affected. So here we rarely have permanent structural changes, but as these centers control all the life forces, sending afferent and efferent nerves to every part, we are liable to have, from violent disturbances of the equilibrium of these forces, permanent changes in distant parts. Why it should expend its force on one or another part of the cerebro-spinal centers I do not know, but in common with many other diseases, it usually attacks the weakest parts. I think I can show why that portion of the medulla oblongata which gives origin to the pneumogastric nerves, is, of all parts of this system, the most liable to be affected by this cause. This is probably the most important nerve to the body. It originates the force that carries on respiration, circulation, heart's action and digestion. For this nerve supplies the mucous membrane of all the respiratory passages,—the heart, the diaphragm, and all the digestive track as far down as the duodenum. To illustrate: Two or three years ago I was sent for by my friends, Drs. J. R. Prince and J. D. Kellis, to assist them in the case of a man who had fallen backward from his horse, and, in so doing, the spine of the seventh cervical vertebra had been driven against the spinal cord, producing instant paralysis in all parts below this point, including the arms. His home was about thirty miles from me and across the country. The injury had been done about three days when I arrived there, and it was too late for the operation for the removal of the fractured bones from the cord, as the parts below the seat of fracture were then in a state of decay. Yet this man was clear-headed and quiet, with a good pulse, regular respiration and good digestion as low down as this nerve is distributed. He lived seven days from time of injury. When this nerve is cut in two, breathing and heart action grow slower until death ensues. It is the medium through which afferent and efferent messages between the medulla and these organs are conveyed. By it offending causes are made known to the nerve centers, and by it the proper steps are taken for their removal or mitigation. This nerve, by the help of the sympathetic nerves, supplied to the same organ, controls the respiration as to rapidity, depth and rhythm, the action of the heart as to force, frequency of beat,

height of arterial tension, and the blood vessels as to their calibre, while the sympathetic, by its peculiar power over the unstriated muscular fibre, causes the peristalsis of the muscular coat, that so greatly contributes to circulation, especially in the smaller vessels. Through these same agencies the blood heat is, in great part, controlled. These are only a part of the duties and the powers of this great pair of nerves. Now, considering the vast amount of work and responsibility that the small part of the cerebro-spinal nerve center that gives origin to the pair has to perform, is there wonder that it is susceptible to the malign influence of so active a power as that of gripe?

I beg to remind you that as in inflammations so in irritations, functions is, (1st) increased, (2d) perverted, (3d) impaired, (4th) abrogated. Also that inflammations of nerve centers are very apt to leave structural changes in the said centers, which irritations are not so prone to do so, and when they do it is most likely to be in the periphery of their nerve distribution.

With these preliminary remarks I shall now make the application. To do this I must select one form of this disease, and I select the one that is most frequent and most difficult to control—the “Influenza”. I contend that the “fons et origo” is in that part of the medulla which gives origin to the pneumogastrics, and that the symptoms exhibited are due to this cause. First we have increased function. Consequently there is too much blood sent to mucous membrane, and the heart acts too forcibly. There is increased arterial tension and usually there is pain over the back of head and neck. Sometimes the pain in back is very great. These symptoms are soon followed by the second stage—that of perversion of function. The deeper tissues underlying the mucous membrane becomes affected and participate in the disease. There is perverted secretion of mucus; it is usually tough and sticky and difficult to expectorate. The blood is imperfectly aerated,—becomes loaded with effete matter. Then if not controlled the third stage is manifested and there is diminished function. The afferent, or sensory nerves, fail to send the messages to the centre, informing it of impediments, and the center fails to send by the efferent nerves such messages to the parts as would cause their removal or mitigate their ill effects. Under such circumstances it is not to be wondered at that pneumonia or capillary bronchitis, or some other disease should occur, for then are here the very conditions that produce: there is

too much blood in the parts, the flow of it is impelled, the peristaltic actions of the muscular coat of the blood vessels is impaired or abrogated, there is perversion and impairment of both sensory and motor nerve force. This disease is essentially adynamic, and these conditions render it more so. There is greatly lessened life force in all the organism. The tendency to passive congestion renders hypostatic pneumonia very probable, and I know of no more uncontrollable condition. The sputa accumulate in the bronchii, and the afferents fail to make it known to the nerve centre; these patients do not cough, or do so imperfectly and feebly or coughing fail to freely raise the sputa. Most or all of the cases of this disease that I have seen die, do so from this form of it. In those cases in which the patient is going to recover the nerve centre has sufficient vital force to throw off the disease and resume its function. Gradually order is restored and the peripheral lesions are healed. The process of recovery commences at the nerve centre, where the disease expended its force. But unfortunately there occur many cases in which such injuries are done by this malign influence as to leave the patient an invalid for a long period—sometimes for life. According to my experience and reading grippe produces inflammation in comparatively few cases aside from the form just described. The majority of these produce neuralgia or rheumatic forms. Then too when an organ of special sense is affected it is the cerebro-spinal nerve that is involved, not the nerve of special sense. I have seen a case in which the pneumo-gastric bore the brunt, and it ran a purely neurotic course; the heart beating at one time with extreme rapidity, at another with extreme slowness. So the breathing. The temperature was alternately very high and very low,—the patient recovering without any other form of trouble.

All the varieties of grippe are amenable to the same analysis and are governed by the same general rules. I will not attempt at this time to suggest more than the outline of the treatment. There should be in all cases the usual preliminary treatment, such as attentions to the secretions and functions of liver, bowels, kidneys, etc. Our main effort should be expended on the primary lesion. As to the specific treatment in the first stage, that of active excitement from increased function of nerve center, motor depressants are indicated, such as Fl. Ex. gelsemium, veratrium, physostigma, lobelia, etc. This stage is usually

brief. So also cerebral sedatives as chloral, bromides and opiates. In the subsequent stages, when the adynamic influence which is peculiar to the disease is felt and shown, stop the motor depressants and give their opposites, the excito motors, such as strychnia, atropia, ergot and digitalis; still later use the cerebral excitants, such as camphor, coca, caffeine, etc. In the first stage we should use the ice bag over seat of disease. Later the hot water bag and counter irritants. As to the remedies to be used on the parts supplied by the periphery of the nerve, that must be suited to each class of cases and to each individual case. For instance, the pneumonia in these cases must be treated as it usually is, modified of course by the conditions surrounding and accompanying it. When the sputa can not be raised and expectorated we should excite cough and cause its removal if possible. So of other complications or intercurrent diseases. Owing to the exceeding tendency to enfeeblement and to the well-known power of attraction of gravitation, we should never forget that frequent change of position is indispensable, otherwise we will have hypostatic congestion. Special care should be paid to the temperature of the room, to ventilation, amount of company, character of conversation, light, etc.

Such, gentlemen, are the views which I entertain of the pathology of grippe and of the outlines of treatment based upon it. I realize that I have presented my case very imperfectly, but I am strong in my faith that this hypothesis is the correct one. Yet I hold myself ready and willing to be corrected, where-insoever I have erred, and to profit by the criticisms to which I may be subjected.

Hernia of the Bladder.*

By JOHN H. RHODES, M. D., JACKSON, MISS.

In September, 1896, I was called to operate upon what was supposed to be a case of strangulated inguinal hernia. The patient, a prominent negro of Hinds County, was 78 years old, and had suffered more or less all of his life with incontinence of urine and also a tumor in left inguinal region. Occasionally, during the past twenty years, he had had considerable pains and uneasiness over and around region of tumor, and different phy-

*Read before Mississippi State Medical Association, April, 1897.

sicians had advised the wearing of a truss, but on account of great tenderness produced by pressure of instrument it was each time abandoned. Several months preceding operation patient had been carried through a spell of malarial fever and was still weak and debilitated.

Three days before operation he had a severe chill, followed with high fever, vomiting, diarrhoea and pain in region of tumor. The family physician was called in and the case was diagnosed as strangulated hernia, and the usual methods of reduction attempted. Consultation was held the next morning, chloroform administered and another effort at reduction made without a satisfactory result and an operation was decided upon. With a temperature of 103 degs. and pulse 140, and a patient 78 years old, I did not feel much encouraged to begin operation. However, under strict antisepsis, an incision of about three and a half or four inches was made, beginning a little above the situation of internal ring and extending well down over the tumor, and layer after layer was carefully divided until the supposed sac was reached, the usual guide in all operations for hernia. After a most careful examination the characteristic fluid could not be seen and I decided that it was the bladder. Cleansing my hands and thoroughly irrigating the parts I directed my assistant to introduce sound as high up in urethra as possible, and after some manipulation it was withdrawn and there followed a small quantity of urine. The sound was re-introduced to further excite tenesmus, and compression was made on tumor and about two tablespoonsful of urine passed out into a cup. The circular muscular fibre of bladder could now be distinctly outlined and my diagnosis was confirmed. The constriction was relieved and the bladder pushed back to its normal position, and as much as possible of sac was cut away, the pedicle ligated with silk and the pillars brought together with silkworm gut. In about four hours a medium size catheter was introduced and about half an ounce of urine drawn off. The patient growing weaker, however, and died in twelve hours after operation.

This case is reported on account of its exceedingly rare occurrence; only recent works mention the fact that it does sometimes occur. And after considerable research I find only sixty cases on record, eight of these having occurred in New York and were reported by Dr. Curtis in "Annals of Surgery."

A Case of Tetanus.*

BY CHESLEY DANIEL, M. D., HOLLY SPRINGS, MISS.

My reason for presenting a brief paper on this subject is, not that I have anything new to report, but chiefly to report my want of success with certain remedies, which in the hands of others have seemed to produce favorable results.

At the meeting of the Tri-State Medical Association of Mississippi, Arkansas and Tennessee, in Memphis, last November, Dr. Jelks of that city reported "A Case Simulating Tetanus." While the doctor was pleased to use the term "simulating," I feel confident, from his description of the case, that it was one of true tetanus.

In the way of treatment he first gave forty grains of chloral within an hour, then twenty grain doses every two hours for a while, then fifteen grain doses combined with about six minims of fluid extract of gelsemium. This latter mixture was continued "till paresis of peripheral accessories and motors was noted," and finally "till patient could not use his hands with satisfaction or raise his upper eye-lids." In addition to the above treatment the wound in the sole of the foot, caused by the puncture of a nail, and which gave rise to the trouble, was treated antiseptically. The patient recovered.

In the discussion of this paper, a doctor whose name and address I failed to get, or have forgotten, stated that he had treated several desperate cases successfully with one-eighth grain doses of pilocarpine hypodermically. In the report of this discussion in the *Memphis Medical Monthly*, I am sorry to say, this doctor's remarks were left out. Had they been reported others might have profited thereby.

Unfortunately, since that time, it has fallen to my lot to have to treat, or try to treat, a case of tetanus. This was my second case. They both went the same route.

On Thursday morning, March 4, I was called to see Asa Brown, a strong negro man, who was suffering with a stiffness in his jaws and neck, and a feeling of constriction in his chest. This was the day after the first symptoms appeared.

On inquiry I found that on the morning of February 23, just eight days prior to the first manifestations of tetanic trou-

*Read before Mississippi State Medical Association, April, 1897.

ble, he had stepped on a rusty nail causing a punctured wound of the sole of the foot.

He continued to work till the following Saturday, when he quit on account of a somewhat painful soreness in and around the wound, but when I first saw him it had entirely healed and there was not the least tenderness remaining. My diagnosis, of course, was at once made. I gave six grains of calomel and left the same amount to be given in two hours, with instructions to follow with salts in six hours after second dose, the salts to be repeated every three hours till bowels acted, which result was never accomplished even with the assistance of enemas. I put him at once on a mixture containing in each dose, fifteen grains each of chloral and bromide of potash, to be given every two hours. Friday, March 5, symptoms somewhat worse; added to former prescription six minims fluid extract gelsemium. Saturday morning, 6th, still worse; abdominal, back and leg muscles becoming involved; clonic contractions of muscles of back now well marked; doubled the dose of first prescription to be continued every two hours, and gave hypodermically one quarter grain of morphine and one-eighth grain of pilocarpine. In the evening of this day found no amelioration of symptoms; gave hypodermically one-half grain of morphine and one-eighth grain of pilocarpine and continued the other medicine. There was never a time up to this that he could not swallow; rested some better till after midnight from the morphine; next morning much worse; hypodermic of night before repeated; no relief followed; he died about noon.

I may not have used the pilocarpine often enough, but in my experience it is a bad medicine to fool with, and I was a little afraid to push it lest my patient should die of the remedy rather than of the disease. I am sure that I gave the gelsemium a fair trial. This might have been a fair case for the use of anti-toxine but no attempt, for reasons, was made to procure it. I would like to know if anyone in this Association has tried it.

Society Proceedings.

American Medical Association.

OFFICIAL REPORT OF GENERAL SESSIONS OF THE FORTY-EIGHTH ANNUAL MEETING, HELD IN PHILADELPHIA, PA., JUNE 1, 2, 3 AND 4, 1897.

JUNE 1—FIRST GENERAL SESSION.

The Association met in the Academy of Music, Broad and Locust Streets, and was called to order at 10 A. M., by the President, Dr. Nicholas Senn of Chicago, Ill.

On the platform were Vice-Presidents Dr. George M. Sternberg of Washington, D. C.; Dr. Edmond Souchon of New Orleans, La.; the Permanent Secretary, Dr. William B. Atkinson of Philadelphia, Pa.; the Assistant Secretary, Dr. T. B. Schneideman of Philadelphia, Pa., and the Treasurer, Dr. Henry P. Newman of Chicago, Ill.

Divine blessing was invoked by the Rev. L. Bradley, D. D.

President Senn then introduced the Hon. C. F. Warwick, Mayor of Philadelphia, who delivered the following

ADDRESS OF WELCOME.

Mr. President and Members of the American Medical Association:

I do not know that I have ever extended a welcome on behalf of the city in the presence of so many doctors before in my life. Philadelphia is the home of medicine, as you all know, and here Gross, Pancoast, Leidy and Agnew made for themselves reputations not only local, but national and international. It is my pleasure to-day to welcome and greet you.

A doctor is about the last man on earth we want to send for, but I wish to say without reservation that we are glad to have you in our midst to-day as a body of physicians. I have great respect for doctors. I have heard men in health condemn both God and doctor, and I know it is always these men who call for both most hurriedly when they fall sick. I have a welcome to give in another part of the city, so I am afraid to utter all the pleasure I have in greeting you, or to show you how much I think of all doctors, especially female doctors. (Laughter) But if I could find a full opportunity to tell all I think and feel, you would see that it would be impossible for anyone to find a heartier or more sincere welcome than this I give you now. I

hope your discussions and deliberations will result in great good to the human race.

The other day I addressed a class of trained nurses—graduates, and I said at that time that after a while nursing would be made such an art that it would be worth one's while to get sick occasionally in order that he might be nursed. (Laughter.)

I welcome you to this city with all the hospitality of her people and with the warmest welcome from my heart in representing them as their mayor. (Applause.)

It was intended to have had Governor Hastings address the members of this Association, but he found it impossible to be present, and in his stead President Senn introduced the Hon. Charles Emory Smith, ex-Minister to Russia, who welcomed the Association in behalf of the State of Pennsylvania.

Mr. Smith was warmly received. He said:

Mr. President, Ladies and Gentlemen:

I regret very much that the Governor of the State is unable to be present on this most interesting occasion; but I am sure you will excuse him when you understand the cause which detained him. He is holding a very important clinic at Harrisburg. He has a patient on his hands—I will not say sick, but considerably diseased. (Laughter.) Unlike your cases, it is his duty not to save but to kill the patient. He can only do this by the most drastic treatment, and so he is detained at Harrisburg in the artistic work of amputating gangrene legislation. (Applause.) He is using the scalpel with great industry and considerable skill, and I am sure we shall all wish him greater power to his elbow in the operation.

In his absence I am not merely a substitute, but a substitute drafted at the last moment, and I can only say in a very few words what he would if he were here, namely, that the State of Pennsylvania, as well as the City of Philadelphia, cordially and heartily welcomes you within her borders. The banners which I see before me, bearing the names of the States, tell me that this is a National Convention. You have delegates here from every State and I suppose from almost every territory in the United States. You are the distinguished representatives of that profession which comes closest to the hearts and the homes of the people, and the great State of Pennsylvania welcomes you for what you have done in the work in which you are engaged. I congratulate you that you have approached the semi-centennial

of the American Medical Association. I am sure that your meeting here will mark an epoch in the history of medicine. I congratulate you on the auspices under which you assemble, and again, in the name of the Governor, I bid you a hearty welcome to the State of Pennsylvania. (Loud applause.)

Dr. H. A. Hare of Philadelphia, Chairman of the Committee of Arrangements, reported the following:

RECEPTIONS AND ENTERTAINMENTS.

TUESDAY, JUNE 1.

Luncheon, 1 p. m.

Philadelphia County Medical Society, Hotel Walton, Broad and Locust Streets.

Philadelphia Polyclinic, Lombard Street, between 18th and 19th Streets.

Laryngological, Rhinological and Otological Section, Howard Hospital, Broad and Catherine Streets.

Section Dinners, 7 p. m.

Practice of Medicine, Hotel Aldine, 1914 Chestnut Street.

Surgery and Anatomy, Hotel Bellevue, Broad and Walnut Streets.

Obstetrics and Diseases of Women, Hotel Walton.

Ophthalmology, Hotel Walton.

Laryngology and Otology, Hotel Stenton.

Materia Medica and Pharmacy, Willow Grove Park.

Disease of Children, The Bourse.

Neurology and Medical Jurisprudence, Aldine.

Dermatology and Syphilography, Hotel Walton.

State Medicine, Aldine.

Dental and Oral Surgery, Aldine.

WEDNESDAY, JUNE 2.

Luncheon, 1 p. m.

J. B. Lippincott Company, Union League, Broad, near Walnut Street.

University of Pennsylvania, Houston Hall, 34th and Spruce Streets.

Jefferson Medical College, Academy of Fine Arts, Broad and Cherry Streets.

University of Pennsylvania, Union League.
Medico-Chirurgical College, 1723 Cherry Street.
Woman's Medical College of Pennsylvania, 21st Street and
N. College Avenue.
Dr. J. V. Shoemaker, 1519 Walnut Street.

THURSDAY, JUNE 3.

Luncheon, 1 p. m.

Dr. W. W. Keen, to Section on Surgery and Anatomy,
Hotel Walton.

Philadelphia Obstetrical Society and Gynecological Section
College of Physicians to Section on Obstetrics and Diseases of
Women, Hotel Stenton.

Philadelphia Neurological Society to the Section on Neurol-
ogy and Medical Jurisprudence, University Club, 1316 Walnut
Street.

Dr. J. H. Musser, to Section on Practice of Medicine, Hous-
ton Hall, 34th and Spruce Streets.

Dr. L. Webster Fox, to Section on Ophthalmology, Hotel
Bellevue, Broad and Walnut Streets.

Provost C. C. Harrison, a tea from 6 to 7 p. m., on the Cam-
pus of the University.

Theatre Party, 8 p. m.

Lea Brothers & Company to the Association, South Broad
Street Theatre.

FRIDAY, JUNE 4.

Luncheon, 1 p. m.

Philadelphia Medical Club, Hotel Aldine, 1914 Chestnut
Street.

Medico-Chirurgical College, 18th and Cherry Streets.

The following clubs extend the courtesy of open doors to
the members of the Association:

Art Club, Broad Street, below Walnut.

Columbia Club, Broad and Oxford Streets.

Manufacturers' Club.

Athletic Club of the Schuylkill Navy.

At this juncture the First Vice-President, Dr. George M.
Sternberg, took the chair, and the President, N. Senn, M. D.,

Ph. D., LL. D., Chicago, Ill., delivered his Annual Address. He selected for his subject

**"THE AMERICAN MEDICAL ASSOCIATION; ITS PAST,
PRESENT AND FUTURE."**

The American Medical Association was born at the dawn of a great era in the history of medicine. Only a few years before its organization was effected anesthesia, which has robbed the operating room of its greatest terrors, came into general use and at once opened up new fields of usefulness for the surgeon. The new science of bacteriology, upon which is based our modern views regarding the etiology and prevention of disease, has been founded and firmly established since that time. The principles which govern the present treatment of wounds conceived by the immortal Lister and developed to the existing state of perfection by a host of his enthusiastic followers, have revolutionized the practice of surgery during the last quarter of a century. Normal and pathologic microscopic anatomy are recent acquisitions to our knowledge of living tissues in health and disease. Aseptic midwifery is the direct descendent of aseptic surgery and has secured for the lying in woman the same protection against puerperal complications, as the employment of aseptic precautions will prevent largely the occurrence of suppuration, sepsis and pyemia in the treatment of the injured and patients requiring operative treatment. Anesthesia and asepsis have created visceral surgery. Our knowledge of chemistry and physiology has been vastly increased during the last fifty years by thousands of earnest and devoted students in possession of improved instruments and apparatuses for accurate investigations. During the same time great strides have been made in the practice of medicine and the preparation and methods of administration of drugs. In the light of many of these recent advancements we have at least learned that disease is influenced for the better by aiding and assisting, rather than by combatting and opposing nature's resources. Translumination of the body by the wonderful Roentgen ray is the last and most important addition to our diagnostic resources in medicine and surgery. In these stirring events which have startled the medical world in such rapid succession during the last half of this century many members of our Association, dead and living, have taken a prominent and often leading part. In looking about for an appropriate subject for

my address at this meeting I have deemed it expedient to utilize my time and this unusual opportunity in discussing as briefly as possible "The American Medical Association, Its Past, Present and Future."

This is a day of rejoicing to the medical profession of the United States. We celebrate to-day the semi-centennial, the golden jubilee of the American Medical Association. You have come here from all parts of the Union to do honor to this festive occasion. It is appropriate that you should have selected Philadelphia as the place of meeting at this time; it was here that the organization of our Association was completed half a century ago. Philadelphia is near and dear to every American citizen, as it is the birthplace of the greatest and most prosperous nation in the world. It is here that on July 4, 1776, the most precious document in the possession of the American people—the Declaration of Independence—was signed, read and approved by the representatives of a people who craved for freedom, liberty and independence. It was here that the sweet music of the liberty bell was first heard, the reverberations of which reached from the Atlantic to the Pacific, and from the Great Lakes to the Gulf of Mexico, and which has continued and will continue to echo and re-echo over our vast and free country for all time to come. It is a source of congratulation to every and all honest and progressive practitioners of medicine that that document, which was the means of planting a free government upon the virgin American soil and creating a new nation, was signed and heroically defended by America's greatest physician—Benjamin Rush. The blood struggle for independence by a united patriotic people and its great success culminated in the foundation of the great Republic of the United States which in time gave the medical men an opportunity to establish American medicine upon a free American soil. It required a long time after the permanency of our government was assured for our professional ancestors to appreciate this opportunity and to take the necessary steps to secure adequate facilities for our young men to obtain a satisfactory medical education in this country and to create a medical literature of their own. Foreign text-books were used and European universities continued to be the Mecca for American students who sought a higher medical education. The country was new, its resources limited, its inhabitants represented different customs and nationalities, and the number of

qualified practitioners limited. It is, therefore, not surprising that the organization of the profession, the establishment of institutions of learning, and the foundation of an American medical literature met with many difficulties which it required years to correct and remove. Philadelphia has a special charm for every practitioner of medicine who has the interest and welfare of his profession at heart, as it has been, and still remains, the center of medical education and medical literature in this country, besides being the birthplace of the American Medical Association.

The members of the medical profession of this city, with Benjamin Rush at its head as a noble and inspiring example, have always been loyal to the cause of a united profession, advanced medical education and the foundation of an independent American medical literature of the highest merit. In coming here to-day from the most remote parts of the United States in such vast numbers you are performing a duty you owe to the city so memorable in the history of our country and its medical men, who have taken such a conspicuous and active part in the development of American medicine and surgery. We are assembled here to-day to commemorate the work of a group of earnest men, patriotic American citizens, who took such an active part in uniting the medical profession of this country by bringing into existence and active operation the American Medical Association. Most of those who were helpful in laying the corner-stone of this great National institution have gone to their reward; few are left to tell the tale of the early struggles, frequent disappointments and final triumph. Of those who have been permitted to live long enough to witness the celebration of the semi-centennial, four names are familiar to you all, Nathan S. Davis of Chicago, Alfred Stille of Philadelphia, J. B. Johnson of St. Louis, D. F. Atwater of Massachusetts. Davis, the father of the Association; Stille, its efficient and faithful Secretary for many years. These two names have illuminated the firmament of American medicine for half a century, and they will continue to shine brighter and brighter as the Association increases in influence and membership. Honor to these men. A monument of marble or bronze; resolutions of thanks printed upon white satin and framed in precious metal would be but a feeble expression of the gratitude we owe them for their work so unselfishly rendered in founding and maintaining this Association. Their

greatest satisfaction must remain in having been instrumental in launching the ship, steering it through many a storm with resolute determination and firm hands safely into the semi-centennial harbor, clearing it and handing it over in splendid condition for another generation to manage. While our hearts are full of gratitude towards the few surviving founders of the Association, we must not forget the labors of the many who have joined the silent majority. Hundreds of former members of the Association have performed important duties, written scientific papers, and by their work and example have distinguished themselves sufficiently to have their names written upon a tablet to be placed in Memorial Hall of the future permanent home of the Association.

History.—Time does not permit to give a full history of the Association from its foundation to the present semi-centennial year, but I regard it as a duty to the Association to give a brief account of the motives that animated its founders and to call your attention to a few of its early members whose worth stands out in bold relief in its early history.

The founders of the American Medical Association were deeply impressed with the dignity and responsibility of our profession. They had for their object to secure by united action a higher standard of medical education, a more general diffusion of medical knowledge and the creation of a respectable medical literature. The motives which incited them to action are well shown in the utterances of two of the early Presidents. At the Baltimore meeting in 1848 Dr. Chapman, the President, alluded to the necessity of the members of the profession to work in harmony and unity to secure a more uniform and higher standard of medical education and to preserve the dignity of the profession as follows: "From slumbers too long indulged, the profession has at last awoken, and shaking the poppies from its brows, is recalled to a sense of what is due to itself and the obligations it owes to preserve its heritage, to be transmitted to posterity unsullied and without detriment or loss. Excited by this generous impulse it comes forward in the majesty of its might to vindicate its rights and redress its wrongs. To no other tribunal does it deign to appeal for these purposes. No mean petition of grievances, or supplicatory memorial for relief, or more immediate addresses to popular feeling to engage its favor shall sully our proceedings. We have in a spirit becoming our just

pride trusted, and will, I hope, continue to trust our cause exclusively to the clear heads, the warm hearts and strong arms of the host enlisted in its service. We do not want, nor will condescend to accept any extraneous assistance. Confiding in our own resources, we shall through them maintain the struggle till conducted to victory and triumph." The implicit faith in the work of the Association entertained by Dr. Chapman and the results obtained have been fully realized during the past fifty years of its existence. At the same meeting the President elect, Dr. A. H. Stevens, pointed out the power and influence of a united profession in the following beautiful and truthful language: "Our profession, gentlemen, is the link that unites science and philanthropy. It is one of the strongest ligaments that binds together the elements of society. It teaches the rich their dependence, and elevates the poor to a sense of the innate dignity of their nature. Its aim is to add to the comfort and the length of human life."

Animated by such noble sentiments the founders of the Association commenced and finished their task with a spirit of unselfishness and a keen sense of responsibility and devotion to their important mission. The idea of organizing a National Medical Convention originated in the New York State Medical Society and was discussed for the first time at the meeting in 1844. The main object of the promotion of this project was the elevation of the standard of medical education, and consequently the betterment and advancement of the whole profession. The needs of such a step were very apparent at that time. The wonderful increase of the population of the New Republic by immigrants from all parts of the civilized world required a rapid increase of medical men. New medical colleges sprang up in rapid succession in different parts of the country, and the rivalry between them made it impossible to effect a change for the better without strong influences brought to bear upon them from without. Young men began the study of medicine without even a common school education, and had no difficulty in obtaining a diploma upon attendance of two courses of lectures of four months each. All students attended the same lectures with limited or no hospital and clinical facilities. To the thoughtful medical men of that time it was plain that such a condition of things would soon result in lowering the practice of medicine to a trade instead of elevating it to the dignity of an art and

science. Quackery in its worst forms prevailed, the services of the honest physician were undervalued and his standing in the community compromised on all sides by his less conscientious competitors with and without diplomas. The founders of the Association had in view, to effect through their combined influence a higher standard of preliminary education of those who should enter upon the study of medicine, lengthening of the college terms and better qualifications for the degree of Doctor of Medicine. All this had to be gradually accomplished without any legislative aid. Such radical changes in our system of medical education could only be attained by our persistent efforts in the course of time, but during the fifty years of the existence of the Association they have been wrought and perfected to an extent far beyond the most sanguine expectations of its most enthusiastic founders. The Association during this time has accomplished much more than what it was originally designed for. Through its influence nearly all of the medical colleges have adopted a systematic graded course of instruction combined with ample hospital, clinical and laboratory facilities. Besides all this it has brought the members of our profession in the various sections of our vast country in close touch and intimate social relationship so beautifully described by one of its distinguished and most active members, the late Dr. Bennett Dowler, who in an editorial on this subject, said: "As a social and professional reunion of kindred spirits and great minds, its memories afford perennial delight. It has given impetus to the progress of medical polity and science; it exercises moral suasion, rather than that of authority; it has brought together a bright constellation of intellect, cemented the bonds of friendship among good men and true, and it will leave a luminary track of light in the moral firmament of the Esculapian heavens throughout the expansion of the Republic."

(TO BE CONTINUED.)

A VALUABLE HYPNOTIC IN PNEUMONIA.—The necessity of overcoming the insomnia attending certain cases of pneumonia ought to be evident to every physician. Probably nothing known to the profession can alleviate the distressing symptom of sleeplessness so satisfactorily and with so few after-effects as Bromidia. By the use of this reliable preparation we can obviate the effects of losing sleep and at the same time feel that the heart's action is unimpaired, a dire calamity in a pneumonic process.—*Vermont Medical Monthly*, February, 1897.

Correspondence.

Editor Medical Record of Mississippi:

Having recently received letters from friends asking if I would be an applicant for reappointment, and as there seems to be some doubt about it, I desire to say that at the proper time I shall ask to be my own successor. This statement is made in justice to myself and that my friends may act intelligently in the matter.

Yours very truly.

J. M. BUCHANÁN,

Superintendent East Mississippi Insane Asylum.

Meridian, Miss.

Editor Medical Record of Mississippi:

I notice in last issue an editorial comment on that part of Surgeon Murray's effusion concerning Round Island quarantine.

The report seems to be the product of a brain in its dotage, conceived in malice and brought forth in reckless disregard of moral integrity.

I was never more astonished than when I read it, after what had passed between Dr. M. and myself on the occasion of his visit; and had I been told that he was capable of such betrayal of personal and professional confidence, to say nothing of the series of fabrications presented in the report, I should have repelled it as an insult to his reputation and position. It is not now my purpose to review the report as that would make this paper too long, but would just like to give your readers a sample or two of his wild shots that they may judge for themselves.

He says the law particularly compels the Board of Supervisors of Jackson County to levy a tax equal to 25 per cent. of the State tax for support of quarantine; whereas the law says they may do it. In 1895 no levy at all was made. In 1896 it was 5 per cent. only and nearly \$200 was left in the treasury of the Board of Health after all dues were paid. Of this nobody complained or cared except Dr. Murray.

This is mentioned because as you know the poor tax-ridden people of Mississippi lie very near the doctor's heart, and that fees from vessels and other matters of expense connected with State and local quarantine has been the burden of his song before.

He says there is no statute nor subsequent regulation providing for the inspection of any vessel from north of 25 degs. of north latitude, while section 3 of the statute reads: "That it shall be the duty of the quarantine physician to visit and board all vessels arriving at the ports of the county."

The incident about the steamship from Santos was after his visit to the station. The doctor says I inspected this vessel "throughout," which is the only instance of thoroughness in our work he seems to have observed. The non-immune pilot who took the ship to the National quarantine was not detained, he says, longer than necessary to disinfect his clothing, while I was only on deck long enough to look at her bill of health, a period of two or three minutes, and did not make any inspection at all. This is no reflection on the officer in charge at Ship Island, as he was supposed to know what he was about and doubtless considered the vessel clean although she had touched at Santos, as the Master said, for orders.

Other vagaries might be mentioned but it would require too much of your space, besides I have very little disposition to notice any part of it and should not have done so but for your reference to it, and for the palpable misrepresentation by Dr. Murray of the laws and regulations governing quarantine here.

Nothing could be more evident than that the doctor is not satisfied with anything or anybody. I doubt if he thinks the North Pole or the seven stars are exactly in the right place.

Pascagoula, Miss.

B. F. DUKE.

Editor Medical Record of Mississippi:

Medical news has been scarce this month. Some of our members have been to the meeting of the American Medical Association at Philadelphia.

Both meetings of the Memphis Medical Society this month were well attended. Dr. McKinney showed a case of laryngeal ulceration. Dr. Goltman presented a case of peculiar heart lesion. Dr. Smythe read a paper on removal of multilocular ovarian cystoma, with report of an extremely difficult case operated successfully. The paper was discussed by Drs. Sale, Taylor, Goltman and Krauss. Dr. Erskine reported a case of hydrocephalus without cerebral substance, and a case of delivery of a fifteen-pound boy. Drs. Sale, Taylor, Smythe, Buford and Krauss discussed the subjects. In the discussion it was ques-

tioned whether the case of hydrocephalus was one of anencephalus or a case in which excess of fluid caused absorption of brain substance. Dr. Erskine could not tell whether there was any spinal cord; the cranium was fairly well formed. Dr. Sale reported a case of extra-uterine pregnancy, which was discussed.

At the Pathological Dr. Eliett presented some slides and microphotographs of a case of glaucoma, and went minutely into the pathology of that condition. Dr. Venn presented an appendix removed from a patient. The appendix contained calcareous concretions. Dr. Venn also reported a case of cerebral cyst removed from a case of epilepsy of long standing.

The hospitals have nothing of unusual interest except a case of multilocular cystoma operated on by Dr. Goltman at the county poorhouse, assisted by Drs. Raines, Pincus, Krauss, Vaughan and Person. The adhesions were so dense and the patient in such critical condition that she was returned to the bed after stitching the growth to the incision and closing the wound. She has since rallied and the tumor will be incised. The weight of the mass was estimated at seventy pounds. The patient weighed about the same. The case will be reported.

The medical college catalogue is out and shows 346 matriculants for the last session.

Memphis, Tenn.

IMPERIAL GRANUM.—This standard prepared food for invalids and children has won the enviable distinction of having successfully stood the crucial test of years of actual clinical experience in private practice, sanitariums and hospitals, while numerous competing preparations have appeared and disappeared—often so completely that even their names are forgotten. The Imperial Granum, however, enjoys so universally the confidence of physicians that its merits are beyond dispute. Moreover, the decision of its manufacturers not to publicly advertise it has secured for it the endorsement of even the most ethical members of the medical profession, who dislike to prescribe any article advertised broadcast to the people and profession alike. Physicians can obtain sample packages free, charges prepaid, on application to the Imperial Granum Company, New Haven, Conn., or John Carle & Sons, New York City.

Editorial.

H. H. HARALSON, M. D., - - - - - BILOXI, MISSISSIPPI.

Editor and Proprietor.

SUBSCRIPTION: ONE DOLLAR PER ANNUM.

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SEC. 7. Admission Cards may be issued by the officers of the Association with the obligation for the candidate's signature in the center and blank marginal spaces on the left and right margins for the signatures of the three members who recommend, and the three officers who admit the applicant to membership.

The above section was adopted in order to admit persons eligible to membership during vacation. Either of the above named officers will furnish, on application, the necessary card.

GULF COAST SANITARIUM.

This institution, operated by a joint stock company, has been opened in this city with the most flattering prospects. There are many reasons why this Sanitarium should succeed. It is situated on a bluff immediately on the beach of the Gulf of Mexico, with a frontage of 250 feet. It extends back several hundred yards to the L. and N. R. R. Some six acres are comprised in its grounds, which are covered with beautiful cedars, large magnolias and stately live oaks. The drainage is perfect and the constant and refreshing breezes from the Gulf make it pleasant during the hottest days.

The buildings are spacious, the rooms large, airy and handsomely furnished, with perfect sanitary equipments and appliances, hot and cold baths and electric lights throughout.

The institution offers no "certain cures," no "secret remedies," no "guarantees," but it does offer good medical and surgical service, with an ideal location. Its facilities, combined with its location and natural surroundings, are unsurpassed for the treatment of that class of patients whose health demands a change of scenes and climate and who are debilitated from sickness or excessive mental or physical exertion. Every physician has cases coming under his observation who demand a change of climate and thought and who need to get away from the annoyances and duties of their daily lives, and who are weary and sick in body and mind. To such patients the Gulf Coast Sanitarium offers advantages that can not be easily procured elsewhere.

The healthfulness of the gulf coast of Mississippi is now appreciated in every part of the United States, and where, a few years ago, its visitors seeking health numbered only a score or so, now number into the thousands annually. Only last winter Senator Harris of Tennessee, accompanied by his physician, came direct to this city from Washington, and while here made a long stride toward regaining his former health.

Very few persons in search of health come to the Mississippi coast and go away dissatisfied or disappointed. It is a health resort that is fast coming into notice and no part of it is so desirable as Biloxi with all the modern conveniences of a city and her pure and abundant artesian water.

There will be two main departments in the Sanitarium, viz: Medical and Surgical. The latter will not be fully and thoroughly equipped until later in the year.

Dr. J. R. Tackett, former Assistant Superintendent of the East Mississippi Insane Asylum, and so well and favorably known by the profession of the State, will have charge of the nervous diseases and the morphine and cocaine habits. Dr. Tackett has given these troubles special study for several years past and is prepared to give the most advanced treatment in such cases.

Besides being specially adapted for all classes of nervous diseases, it has long been observed, and is a matter of comment here, that persons suffering with malarial troubles, either acute or chronic, readily improve under the natural influences that prevail on the coast. When this class of patients are sent to the Sanitarium, the physicians of the institution will aid these

happy surroundings and adaptable environments by suitable treatment and thus hasten the recovery of the patient.

It is also an acknowledged fact that the coast is a healthful place for sick or teething children. The salt air and baths have a wonderful influence in strengthening and building up these little ones. This class of patients will receive the careful consideration of the Sanitarium, and I have no doubt that physicians will often find it to the interest of these little sufferers to send them to the Gulf Coast Sanitarium, where, besides the constant care and attention of physicians, they can get the benefit of invigorating breezes, pure artesian water and trained nurses.

ADVERTISING AND DISPENSING OF NOSTRUMS.

The following from the *New Orleans Medical and Surgical Journal* is given the hearty endorsement of the RECORD. It is a question of very great importance to the profession and to the people, and I take pleasure in reproducing it and calling this special attention to it:

The State Pharmaceutical Association recently met in New Orleans. Many matters were discussed bearing upon the elevation of the standard of the pharmacists in the State. The wholesale manufacturers were discussed, and their products. The meeting was adjourned, and to all appearances was considered a success.

In the several days' proceedings, however, we saw no discussion of the druggist's obligation to the medical profession, nor was there any discussion of the rapidly growing habit of nostrum and patent medicine dispensing.

We have sounded the note of warning to the druggist; we have argued the dishonesty of this and other practices common among them; we have demonstrated to them the reasons therefor.

The public is open to fair-minded attempts at making them less gullible. The public is not so unreasonable that it can not be led to appreciate that it is made the subject of constant imposition.

One by one the evils in medical practice are being arraigned and are being gradually eliminated.

The medical profession itself grows less apathetic under the

whip of competition in its own ranks. The more honest the competition, the more ready is that same profession to see the necessity of destroying the parasitic infringements upon its existence.

The very public will sooner or later rebel against the impositions practiced upon it. This must be an evolution from the very necessity for it.

Just now a large part of the public realizes that the fraud in quackery exists. They have indulged in speculation with it, and have lost. The quacks reap the temporary harvest, and steal away, unmolested, because the victims are ashamed to publish their own shortcoming.

Such laxity exists that to-day all sorts and kinds of nostrums are foisted upon our people without let or hindrance.

Our State law governing the practice of medicine does not alone apply to the grosser violators of it, who try to practice medicine without qualifying, but it applies as well to the dispensing and dispensers of nostrums.

Bill boards, fences and walls along our principal thoroughfares, even the avenues, are placarded with incentives to the abuse and violation of the law. Women and children are subjected to an affront, if not pollution, to their morals by the invitation to a knowledge of remedial agents for gonorrhea, usually flagrantly and grossly announced, or to the acquaintance with means of committing abortion.

The half-educated stand, with a much needed coin in hand, reading the vaunted victory over a multitude of diseases accomplished by Smith's Sarsaparilla or Bully's Bile Busters, probably later ruminating and spending the money for an unneeded and useless mixture.

To their shame, reputable (?) druggists affix their names to these glaring announcements, and boldly propose to sell these miscellaneous cure-alls—any one of them, grab-bag fashion—at their shops.

A vulture deserves respect in contrast.

The daily press more and more prostitutes its columns to the same kind of advertising. The account of an act of heroism in a young girl was, the other day, printed on the same sheet with several proffers of medicines, and criminal measures for the relief of delayed menstruation, one of these announcing, in plain words, *regardless of the cause.*

Is the public blind, or can it not be made to see?

More than any factor in the human community, the daily press is the educator of the masses. It moulds opinions, creates sentiments, devises examples and provokes action. In the country districts and among the lower classes, the daily paper is quoted as an authority, whether for its editorials, news items, agricultural notes, political views or religious abstracts.

It stands responsible for what its columns contain, and it is so morally, whether the management recuses itself or not.

No wonder, then, that such gross insults to the intelligent public should find place in the newspaper. With an endorsement to which the mass is accustomed, the fraud and impostor thrives steadily. It would be hard to appeal successfully to the honor and morality of the newspaper, for these, in such matters, are not open to comment along any line but that of a business proposition, and where profit would be converted into a loss, the conscience seeks the shelter of commercialism.

Why can not we make the newspaper responsible for publishing the advertisements of fraudulent remedies as aiding and abetting in the dispensing of nostrums? Let us so expand our State law that the advertisement of nostrums in the daily press, or in public places, either by circular or by placard, shall be made an offense punishable either by fine or imprisonment!

Then the difficulty of dispensing nostrums will be increased, and the task of restriction easier.

It would make self-respecting druggists think twice before handling such goods, and others would have to stand the chance of being caught and of suffering the penalty.

In Ohio, the Health Food Commission fearlessly prosecutes each and every concern advertising and distributing nostrums of any sort.

All we need is that fearlessness and the energy to find the culprit and make an example of him.

The Semi-Centennial Session of the American Medical Association, held in Philadelphia, June 1-4, 1897, was of great practical importance to the medical profession, besides one of the most enjoyable meetings ever held. Judging from the reports, hospitalities of every kind were extended to the profession. One of the most, if not the most, interesting address of the meeting,

was that delivered by its President on the "American Medical Association, Its Past, Present and Future." A portion of this address appears in this issue of the RECORD, and will be concluded in the next. It is worthy the most careful reading. Dr. George M. Sternberg was chosen as its next president and the place of meeting will be Denver.

FOR SALE IN MISSISSIPPI.—A two thousand dollar practice, seven room residence, all necessary outbuildings, a well of good water, 6 acres of land attached, in a growing railroad town with good church and school facilities. Address this office.

FOR SALE.—A practice worth \$2000. Desirable home, beautiful country, good people, large territory, safe pay. Two hundred and fifty dollars (\$250) will buy. For particulars, address MEDICAL RECORD OF MISSISSIPPI, Biloxi, Miss.

On June 22, 23 and 24, 1897, the Medical Examining Board of Virginia will hold its meeting in Richmond for the examination of candidates for license to practice medicine in that State.

Dr. T. J. Crofford of Memphis, one of the most distinguished surgeons of the South, was in Biloxi recently. Dr. Crofford is greatly admired and loved by the medical profession of Mississippi, where he lived before he went to Memphis.

Dr. J. R. Tackett, Secretary of the Mississippi State Medical Association, and late Assistant Superintendent of the East Mississippi Insane Asylum, has moved to this city, and has engaged in the general practice in partnership with Dr. H. H. Haralson.

Public Health.

Board of Health, State of Mississippi.

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G. W. TRIMBLE, M. D., Grenada.

H. H. HARALSON, M. D., Biloxi.

A DEATH FROM YELLOW FEVER.—The steamer Advance arrived at the New York quarantine, June 11, from Colon. The crew and first cabin passengers of this ship were all well when it arrived at quarantine, but a second cabin passenger was attacked with yellow fever when two days out from Colon and died just before arriving at New York quarantine. This vessel, doubtless, had a clean bill of health as it is stated that none of the crew were allowed ashore at Colon, and that every night the vessel was moved away from its pier. Too great care can not be exercised with vessels from the yellow fever zone, and it is convincing proof that vessels bound for Ship Island touching at ports within the yellow fever zone should be fumigated, and if necessary, detained. You can not rely on the bill of health, nor upon the statement of officials in these foreign ports concerning the existence of yellow fever there. Barbadoes is within this zone and vessels from this point, even though they may have only touched for orders, are fumigated and quarantined by the Louisiana State Board of Health at the Mississippi River Quarantine Station. In doing this the Louisiana Board is taking a precaution that is very proper. It realizes the importance of keeping back yellow fever and also how easily it sometimes gets through the lines and into this country. The marine station at Ship Island refuses or declines to quarantine such vessels. It may have cause to regret its carelessness in this respect.

The Medical Society of Virginia will hold its annual session at Hot Springs, Bath County, Va., August 31, September 1 and 2, 1897.

Medical News and Miscellany.

MALPRACTICE IN WEST VIRGINIA.—Dr. Thomas R. Evans of Charleston, West Virginia, states in a recent number of the *Medical Record* that the statutes of West Virginia are in a decidedly antique condition as regards malpractice suit. According to Dr. Evans any physician or surgeon who "resorts to any expedient whatever," may be mulcted in heavy damages in case his patient dies; and he is not allowed to testify in his own behalf, nor can any other person testify for him. Finally, there is no stated time when such a suit can be outlawed. Dr. Evans declares that one medical man was recently under this enactment condemned to pay a fine of \$10,000. The first part of Dr. Evans' charge against the West Virginia statutes ignores completely the fact that this is a part of the common law principle of due diligence which has protected so many practitioners in malpractice suits. The practitioner is only required to show that he had the ordinary skill of his profession and that he exercised this in the given case. If he adopts new procedure the burden of proof would rest on him to show that these were suited to the particular case and were merely an extension of the ordinary principles. As Tracy C. Becker remarks (Withaus' "Medical Jurisprudence"), experimentation, whether upon charity patients or pay patients, is equally prohibited by well settled rules of law. In other words, a departure from known methods of treatment for the purpose of, or by way of, trying unknown remedies or operations not usually adopted by the profession, if an unfortunate result occurs, renders the defendant liable (*McNevin vs. Lowe*, 40 Ill., 209). What constitutes reasonable care and skill is, Becker remarks, a mixed question of law and fact, like any other question of negligence. Where the evidence is undisputed and no conflicting influences can be drawn from the facts presented it is the duty of the court to determine whether or not there is sufficient proof of want of ordinary care and skill to be submitted to the jury. Where, however, the evidence is conflicting on that point or the inferences to be drawn from the facts established might be differently drawn by different men having the same opportunity for observation, and the same circumstance before them, it is for the jury to say whether or not the defendant has exercised reasonable care and skill guided by proper directions from the court as to the measure of skill required. These involve the question as to how far the practitioner is bound to be familiar with the methods, appliances, drugs and methods of treatment of his profession in general. The rules of evidence which, Dr. Evans states, are part of the West Virginia statutes,

are so destructive of the constitutional rights of citizens of the United States that there is no doubt but that the Supreme Court of the United States would declare all such statutes unconstitutional. While there has been a great deal of what has been called "freak" legislation lately, statutes of the type described are clearly relics of "old dominion" days when law was largely made for the purpose of enriching the king by forfeitures in case of felony.—*Journal of the American Medical Association.*

IT HAS NO RIVAL.—At the meeting of the American Medical Association, held at Washington, D. C., Dr. John H. McIntyre reported "Ten Selected Cases of Laparotomy, with Remarks." From this paper, published in the *Journal of the American Medical Association*, we quote as follows:

"I use but little opium or morphia, for the reason that these drugs, by locking up the secretions, limit the power of elimination, and therefore favor septicæmia. For over a year past, in cases of laparotomy where pain and rise of temperature were present, I have used Antikamnia in ten-grain doses with the happiest effects."

A further objection to opium and its derivatives is referred to in an article by Dr. Herman D. Marcus, Resident Physician, Philadelphia Hospital (Blockley), published in *Gaillard's Medical Journal*, from which we quote: "There is probably no group of diseases in which pain is such a prominent and persistent symptom as uterine or ovarian disorders, and in no class of cases have I been more convinced of the value of Antikamnia than in the treatment of such affections. An obstacle in the use of morphia is the reluctance with which some patients take this drug, fearing subsequent habit. Antikamnia causes no habit, and I have never found a patient refuse to take it."

DIGESTION AND DIGESTIVE FERMENTS.—To the casual observer and thinker it may seem that the subject of digestion and digestive ferments, both natural and artificial, has been thoroughly exhausted, and that with our present knowledge of both we have reached the acme of knowledge and perfection in both, and that the best possible results are now being obtained. Yet, if the question were put to-day, "What is the great desideratum?" doubtless the reply, "A better and more general corrective and digestive" would be the demand paramount. We feel that this demand has been satisfied by the introduction of Elixir Maltopepsine (Tilden). Everywhere, leading medical men of the day, who are desirous of using only the most efficient therapeutic agents obtainable, are prescribing Elixir Maltopepsine (Tilden) in all ailments arising from faulty digestion. This is far in advance of all other preparations in the treatment of cholera infantum and all forms of summer complaints with children. It is very palatable and acts in all conditions of the stomach.

Obituary.

DR. FRANK B. NIMOCKS, LAWRENCE, MISS.

In the death of Dr. Nimocks our Association loses one of its most brilliant and useful members. Soon after beginning the practice of medicine he joined the Association, and until his death was a devoted member and regular attendant, and contributed to it some able and interesting papers.

Dr. Nimocks was born at Decatur, Miss., in the year 1850. He attended the schools at home until fifteen years of age, when he entered Cooper Institute, at Daleville, Miss. Three years later he was forced to leave school on account of the death of his father, whose business he took charge of and managed for a number of years.

In 1871 he was married to Miss Fannie Huddleston of Decatur, who died in 1883.

After farming several years Dr. Nimocks began the study of medicine and attended his first course of lectures at the Alabama Medical College, Mobile, the session of 1882-83, and graduated in 1885 or 1886. He attended a post-graduate course in New York in 1891.

Dr. Nimocks had from the beginning of his practice the full confidence of his patrons and enjoyed a large and lucrative practice in which he was actively engaged until forced, by failing health, to retire a short time before his death, which occurred November 28, 1896.

From boyhood he was an exemplary member of the Congregational Methodist Church. He leaves a family of several children.

MEDICAL RECORD



MISSISSIPPI.

VOL. I.

AUGUST, 1897.

No. 5.

Original Articles.

The Pathology of Malarial Hematuria.

BY WM. KRAUSS, M. D., PH. G., MEMPHIS, TENN.

*Prop. Hygienic Institute; Instructor in Microscopy and Demonstrator of Histology,
Pathology and Bacteriology in the Memphis Hospital Medical College;
Pathologist to St. Joseph's Hospital; Associate Editor
Memphis Medical Monthly, Etc., Etc.*

The observations upon which this paper is based have been carried on in the face of the most discouraging circumstances. Necropses are almost never permitted and even the abstraction of a drop of blood is frowned upon as a most high handed procedure. During the past seven years, with the exception of last year when I positively declined the honor, I have served as Chairman of the Committee on Malarial Hematuria of the Tri-State Medical Association of Mississippi, Arkansas and Tennessee. I terminated my committee labors on account of lack of interest shown by those who were in the habit of seeing cases, despite the expense of time, labor and money incurred. The committee reports were not published and as I had no copies of same all the record details are lost. In our 1895 report we had prepared a tabulated statement of the frequency at different seasons, mortality, surroundings, special features, treatment, recurrences and sequelae, but this report, which was really to have been printed, was lost by the printer and no copy exists.

Lately, through the generosity and scientific zeal of my

friend, Dr. Goltman, who purposes to expend enough money to enable us to see cases at a distance in person, I have again taken up the work, seconded by Dr. Goltman. We have seen two cases since then and hope to be able to do enough work to bring an interesting report.

A discussion might be deemed premature at this time, but it was thought that the deductions now presented would stimulate the profession to more interest in the work, and this paper is based upon observations and reports from nearly one hundred cases. True, the histories are not now at hand, but the pathology of the cases was fairly constant.

Dr. W. P. Barton of Malone's Landing, in a paper "Atypical Lymphemia," gives as graphic an account of the course of the disease as I have ever seen. The literature from Southern writers, as a rule, affords nothing that would throw much light on hematuria.

The following is the condensed clinical report of a case reported by Kohlstock in Berlin. It accords perfectly with some cases seen in the Mississippi valley: The patient was a sergeant in the German colony in Eastern Africa who was sent home on sick leave. There had been a mild quotidian attack which, after several periods of immunity, terminated in a prolonged attack which kept patient in bed for some weeks. On the way to Berlin he had some attacks, and after a month's immunity and preceded by malaise he had a hard chill, followed by high fever and sweat. This was repeated four times on successive days and accompanied by bloody urine. The symptoms on fourth day were headache, violent pains in liver and spleen, vomiting of yellowish green masses, vesical tenesmus, urine was dark brownish red, Sp. Gr. 1.030, slightly acid, contained hemoglobin, stools tarry, violent delirium. No marked icterus on that day, tongue coated grayish yellow, temperature 97.6 degs., pulse 72, slight bronchial catarrh, anemic murmurs, no cardiac lesion. Spleen moderately enlarged, palpation of liver and spleen painful. Patient received 20 grains quinine, at 9 p. m. temperature rose to 107.6 degs., after a violent chill. Violent delirium and vomiting, icterus, coma. On next day spleen and liver were greatly enlarged. Stools dark brown and blood streaked, consciousness returned. Paroxysms continued two succeeding days, uninfluenced by quinine, which was stopped. Hemoglobinuria continues: urine, quantity 1100 c. c., Sp. Gr. 1.013, bile coloring matter, no bile

acids. Hemorrhagic foci in retina. Oligocythemia to 1,000,000 red cells, hypoleucoctosis to 2,800. Later—Poikilocytes, microcytes, megalocytes and the various nucleated forms. No parasites at any time since patient is in Berlin. Therapy—No more quinine, two-drop doses tincture of iodine for vomiting (effectual), enforced recumbency, valerian, ether, coffee, seltzer, wine.

A detailed examination of urine on fifth day shows the following: Quantity 2510 c. c., Sp. Gr. 1012, slightly acid, hydrobilirubin abundant, very little albumin, no leucin, tyrosin or diacetic acid. After a week and preceded by marked leucocytosis and great relative increase of eosinophile cells, there was a rapid increase of red blood corpuscles.

There are deviations from this type, to which I shall return later, taking up now the question of plasmodia in hematuria. I have found these in only three cases in which blood was obtainable. Some correspondents sent very good spreads, and I had the good fortune to obtain about twenty spreads myself, making in all perhaps seventy.

The three cases in which plasmodia were found all had quotidian paroxysms and a very mild hematuria. In not a single fatal case have I been enabled to find any hematozoa. I shall presently show slides of liver, kidney and spleen of a fatal case in which you will not see any parasites, nor were there any in the fresh splenic, portal or renal blood obtained at the post-mortem, examined both fresh and stained. We know that plasmodia are, as a rule, absent from the circulating blood in pernicious malarias, but observers are agreed that then the internal organs contain these organisms. We must therefore conclude that hematuria stands alone among all malarial conditions with reference to entire absence of plasmodia.

The condition of the blood is excellently given by Grawitz in Kohlstock's case just reviewed. In one fatal case at St. Joseph's Hospital there was rapid diminution of red discs to 1,125,000 when last examined, with hypoleucoctosis. The blood was hydremic, stained lemon yellow, and contained 45 per cent. hemoglobin. Of course, there is no telling how much of this hemoglobin was already free in the plasma before dilution in the hemometer. We intend in the future to estimate this in the serum by allowing a quantity of blood to coagulate. Unfortunately, working at a distance on dried blood, these examinations can not be made. I have made tests in only a few cases, and in

only one convalescent, but in all of these the findings coincided sufficiently to warrant the conclusion that the reduction in red cells is rapidly progressive and ends with the cessation of the fever. It is not marked in the onset. When red cell necrosis reaches a standstill the morphotic changes take place and a rapid regeneration results. The hypoleucocytosis with subsequent moderate leucocytosis and presence of eosinophile cells, may also be assumed to be constant. We will now consider the urine. I have had the opportunity to examine more hematuria urine than anything else in this connection. There were upward of 150 specimens; many correspondents who did not even send histories would not forget to forward urine. The rule is as follows: Bloody urine is the first symptom. There may be nothing else to attract attention. The quantity at first is small, from 10 to 100 c. c. at a time, voided with pain and vesical tenesmus. The Sp. Gr. is high, 1.035; the acidity is diminished or absent, urea is enormously increased. There is methemoglobin, hematin and hematoidin, occasionally there are planton cells, and when present persist until the urine clears up. The amount of albumin is variable, but small. There is nucleo-albumin, serum-albumin, globulin, but no pepton. If much albumin there are also casts, in which case the termination is usually fatal. There are neither bile acids nor bile coloring matter. Uric acid is in marked excess but from the diminished acidity it must be assumed that it is neutralized by the constituents of the exuded plasma. Later. The blood coloring matters, the solid constituents and consequently the Sp. Gr. diminish. Bile coloring matter appears abundantly and persists after the hemoglobin disappears. Bile acids are never found. Casts usually persist to the end and such patients may die weeks after the urine has cleared up.

The description of the visceral pathology is based upon one necropsy, from which I will show sections, and from the symptoms during life. In presenting these tissues I would premise my remarks with the statement that I have been disappointed by the absence of any special pathology, and notably the absence of the characteristic lesions of pernicious malaria. We are taught that malaria hematuria follows some form of malaria, most often the intermittent. In practice we find that it may develop suddenly without any apparent cause. As stated, I have learnt to distinguish two varieties, those with fever and

plasmodia running a mild course, those without fever or fever of toxemia, uninfluenced by quinine, characterized by absence of plasmodia and usually ending fatally.

To save time we will omit the gross pathology and the consideration of the organs not peculiarly affected. In looking at these tissues we find a cloudy swelling of the organs and a marked anemia of the liver and kidney, the spleen being hyperemic. The most notable changes are found in the liver. Here we see the capillaries filled with rod shaped pigment masses, enclosed in necrotic cells. There is very little pigmentation of the endothelia and more of the hepatic cells which are shrunken and are in a state of cloudy change. There is no fatty degeneration. This section is hardened in Flemming's acid mixture and stained with Flemming's safranin. There is some peripheral round cell infiltration in the hepatic lobules.

The kidney section, stained with hematoxylin and Congo red shows cell proliferation in and swelling of the glomeruli. The tubular epithelia are in a state of cloudy swelling. The capillaries are empty. The only other hematuric kidney I ever saw I am able to show you through the courtesy of Dr. J. L. Minor. In it we have the pathology of acute hemorrhagic nephritis. This difference of kidney pathology may explain why the urines of some cases are devoid of disks or phantom cells, while in others these are abundant.

The spleen is hemorrhagic. Some endothelia appear to be proliferating. There is round cell infiltration (slight) around the trabecula and apparent leucocytosis in the capillary spaces. No pigmentation and no cell degeneration is seen.

In none of these tissues is there any formation which the most active imagination could distort into a plasmodium. A piece of rib bone was also prepared but owing to age of solution no sections could be made. The points for speculation are:

- 1st. The peculiar onset.
- 2d. The absence of plasmodia.
- 3d. The cythemolysis.
- 4th. The icterus.
- 5th. The temperature when plasmodia are absent.
- 6th. The shock, coma, delirium and syncope.
- 7th. The kidney pathology.

As to the first, the Italian writers believe there is a sudden and premature necrosis of the red cells. Against this may be

urged that if premature the plasmodia would still be present. Clinically we have the evidence that erythemolysis is progressive and hemoglobin appears before icterus and bilirubinuria and long before the oligocythemia has reached its height. The best answer we can give is that we have a toxin set free either from the destruction of red cells or as the ultimate metabolic product of the plasmodia. This view would also answer the second question and partly the third.

In considering the icterus we must again remember that hematuria begins first, icterus and bilirubinuria appear later and simultaneously; bile acids are probably never present. This proves the jaundice to be hematogenous. It may be taken as established that the liver takes up waste hemoglobin and prepared from it the biliary pigments. In lysemia there is a previous hemoglobinemia which results in hemoglobinuria when the liver fails to use up the hemoglobin and returns it to the blood through the hepatic vein to be eliminated by the kidneys or else, hemoglobin is carried simultaneously to the liver and kidney. Since hemoglobin can not produce jaundice *per se* except locally in contusions, etc., it must be assumed that the excess of bile pigment is absorbed by the hepatic lymphatics and returned to the blood, producing jaundice and bilirubinuria, and the necessary quantity is carried off with the other constituents as bile, through the natural channels. That bile is eliminated, even in excess, is shown by the tarry character of the stools, ignorantly ascribed to the action of calomel by the swamp doctor.

The temperature in non-plasmodic cases is most likely due, like most of the symptoms and pathology, to toxemia. The futility of quinine, the coma, the cerebral symptoms, the vomiting, the shock, the feeble pulse, the absence of plasmodia and of eosinophile cells at this stage, the inconstancy and imperfect periodicity of the paroxysms, all point to intoxication.

This leaves now only the kidney pathology. When red cells are present we have what we under other conditions consider the pathognomonic signs of choked kidney. But here we have usually a purpuric condition, hydremic blood and damaged vessel walls. We have tumefaction of other organs and the toxic condition of aggravated disease. We have a weakened heart, a possible splanchnic paralysis and when characteristic casts appear, organic kidney disease. I believe, in the absence of the latter, we may have no other than a secondary trouble, due to

the insult by the elimination of pathologic constituents. A kidney can not for long excrete other than normal constituents without organic change. I believe the practice of securing elimination through the kidneys is wrong. The bowels, in the first order, and the skin next, should be the enunctories. Methylen blue, associated with nutmeg, seems to me to have the triple action of an antitoxic, antiperiodic and local antiseptic of the urinary passages.

There are many intricate questions to be solved in the pathology of this peculiar disorder, and it is the province of the Mississippi valley doctor to solve them.

A Year in the Louisville City Hospital.

By G. A. HENDON, M. D., LOUISVILLE, KY.

Demonstrator of Chemistry, Hospital College of Medicine; Lecturer on Chemistry in Louisville Training School for Nurses.

Hospital life presents many interesting phases. The routine incident to life in an institution never becomes monotonous because in a big hospital there is always something of a lively nature transpiring to break the dullness. After spending a year as resident physician in the Louisville City Hospital I realized when my term expired that a year pleasant and profitable had passed so rapidly that I could hardly record the most important events as they sped swiftly by closely crowding upon each other. I looked back upon a period filled with stirring incidents and memorable scenes that have left their mark upon my whole character.

I began my service May, 1894, and ended it in May, 1895. A few words devoted to a description of the place would be decidedly in order. The hospital is a big four-story building at Preston and Chestnut streets. It occupies a whole square which is a veritable park. The wards are in the wings of the building while in the central portion is located the living rooms of the superintendent and family and the internes. The latter—four in number—representing four colleges. On first assuming the duties of resident physician one feels strangely awkward and out of place. The first two weeks of my service were devoted to getting acquainted with the duties of the place. I practically allowed the nurse to run my ward, which was the female medi-

cal and obstetrical, the easiest and lightest ward in the house. There is little to be gained in the female medical ward. This department is only valuable because it includes the obstetrical ward, which is of extreme interest. In the medical ward (female) the cases are chiefly old chronics, with now and then a few typhoid fevers or acute rheumatism. The large majority being victims of some form of tuberculosis. We very often have cases of poison.

I remember one very interesting case of opium poison and one of arsenic that occurred in my service. The obstetrical service gained here, however, is of great importance. We usually see in a three months' service from twenty five to thirty cases of labor, besides the abortions and miscarriages we meet with. By close observation among this number of cases one can record a valuable experience.

After three month's service in this ward I was transferred to the female surgical, which proved far more interesting and afforded a wider field of experience. The work is almost totally operative in character and the greatest number of operations being ovariectomies on account of the class of patients we had being peculiarly exposed to infection of the tubes. The majority were prostitutes and women of low degree. I also saw here a large number and variety of specific cases, running all the way from gonorrhoea to syphilis. The subject of this paper will not admit of a detailed description of the ward work. I intend only to give an idea of the main features. After a three months' service in this ward comes a transfer to the male medical, which is numerically the largest ward in the house.

On account of the large number of patients admitted to this greater scope is given for study and a larger variety of ailments are seen. Almost every disease is represented, from the slightest ailment to the greatest malady. The clinical material is so abundant that all one's time is employed if he conscientiously studies his cases. We have here opportunity of studying all forms of malaria, acute and chronic; pneumonia in all its types and phases, typhoid fever in all its various guises, rheumatic fevers, delirium tremens and so on through the whole category of diseased conditions, infectious and constitutional. It is truly a place for the clinician to revel in. The service is finally completed after three months in each of the four wards in the male surgical.

The work in this department is equally as interesting though the material is not near so abundant as in the male medical. Here is where we get our experience in emergencies and a valuable one it is. All sorts of injuries are met, from trivial cutaneous abrasions to gunshot wounds of the abdomen. We also meet a large number and variety of specific lesions, varying in intensity. Tumors form a large class of the conditions dealt with, including, of course, malignant growths of all kinds. In short, every surgical affection known is encountered. While engaged in the work above indicated the interne is required to live in the hospital and takes his meals at the superintendent's table. The work is truly an absolute pleasure to one interested in medical science.

At 9 A. M. morning rounds are made. This usually keeps us busy until 12 o'clock and longer in the surgical wards when dressings or operations are to be made. It is the duty of the senior nurse in the ward to accompany the doctor in his rounds and record the orders for each patient. Each patient must be visited and prescribed for if necessary. Something like military discipline is enforced while the doctor is making rounds. Those patients who are not confined to bed are required to sit in a chair at the foot of their bed and they make a very tidy appearance. In the surgical wards there is a dressing room in connection for the more important dressings.

The operating room is in connection with the male surgical ward and is in charge of a special nurse. The visiting staff is expected to make rounds once a day and is accompanied by the interne. However, the former only sees the more important cases. The staff visits are generally made in the forenoon and thus the bulk of the work is accomplished before dinner. The afternoons may be spent in reading or otherwise, unless there is an emergency or an operation. This is usually the case. The evening rounds are made at 7 o'clock and finished about 9. Little is done at this time save see to new patients and attend the immediate wants of the old ones; we may then go to our room and only respond to night calls. Saturday nights and holidays we have our hands full with cuts, bruises and wounds of all description.

Another feature that is worthy of special mention is the ambulance service. This is truly interesting and at times very exciting. Runs are made at all hours and to all parts of the city.

It is here we gain such valuable experience in emergencies and acquire skill in dealing with all sorts of injuries. There are, of course, some disagreeable features connected with it. It is not very pleasant to go out of a warm building at 2 o'clock in the morning, when the mercury is below zero, and make a run of three or four miles and fish a negro out of a pile of dirty rags. This service is apportioned to us in rotation, each man serving one day at a time. We are also required to serve in turn as officer of the day, the duties being to admit new patients and entertain visitors. The latter we avoid if possible. Twice a week, Tuesday and Friday, the school in charge holds a medical and surgical clinic in the amphitheater built for that purpose. The internes are expected to classify the material and arrange everything for the staff to lecture on, also to be manager of affairs during clinic hours.

Too much can not be said in favor of a service like the one just described. First the young man meets face to face "conditions, not theories." Second, he is in daily contact with the older and more learned members of the profession, the advantages of which are obvious.

He gives an extended experience that begets a feeling of confidence that nothing else will, and which is an essential element of success. We learn how to conduct ourselves in the presence of the sick and appear at ease.

In operations the interne is first assistant in cases from his ward. The staff is frequently indulgent enough to allow him to operate even in the presence of the class. The interne in the female medical ward is always the anais. The doctor in the male medical holds the post mortem. This is one of the most valuable sources of information connected with the service. Every time it is possible to secure consent of friends or relatives of the deceased an autopsy is performed. The knowledge obtained in the dead room is of the highest value because it is here we see our mistakes exposed. One can not but appreciate the value of the opportunity of observing the course of a disease and then studying the lesions post mortem. No doctor can intelligently manage an illness unless he is familiar with the pathology, and the only way to become familiar with the pathology is to view the lesion *in situ*. There are a number of other interesting features connected with this subject which might be dilated upon but the scope of this paper will not admit.

I hope that this article will serve as a means of exciting in some young man either studying or contemplating the study of medicine an ambition to attain such a position and he will never regret it.

Ulceration of the Rectum.*

BY C. KENDRICK, M. D., KENDRICK, MISS.

Some years ago I had a case which I could not manage, and after using every remedy I could think of I appealed to the lamented M. S. Craft, M. D., one of the fathers of this Association, to whom no young physician ever appealed for aid in vain. He suggested an examination of the rectum with a Sims' speculum, told me what I would be likely to find, how to treat it, and referred me to the history of several cases of ulceration of the rectum treated by himself and published in the transactions of this Association of 1882. I found everything as he suggested, and since that time would no more undertake the practice of medicine without a rectal speculum than I would without a vaginal speculum. Too often the stomach is loaded with drugs for indigestion caused by ulceration or chronic inflammation of the mucous lining of the rectum.

Many of these cases may be much benefited by frequent and copious injections of hot water—better perhaps with a little astringent or antiseptic added. It will have a better effect at least on the mind of the patient. Other cases may be cured or much benefited by stretching the sphincter. But some cases will yield only to a local application of a strong solution of nitrate of silver or some other caustic. The object of this paper is not so much to consider the treatment of rectal ulceration as it is to advocate a more general use of the rectal speculum. The history of the following case, which is substantially the history of a number of other cases, will illustrate my ideas of this subject:

Mr. B., aged 40, married, planter, who lived in Tennessee, twenty miles away, sent for me and gave me the following history: For nearly two years he had suffered from indigestion, loss of flesh, appetite and energy. He could not sleep well, expressed himself as being very nervous, bowels irregular, sometimes constive; sometimes diarrhœa, with traces of blood and mucous. He

*Read before the Mississippi State Medical Association, April, 1897.

could not ride horseback, had tenderness over the bowels, worse over the lower bowels, could not sit up all the time. He feared the dreaded consumption. He had gone the rounds of patent and proprietary medicines; had tried two physicians who had given him the remedies usually prescribed in such cases, but nothing gave any permanent improvement. His rectum had never been examined or treated. The speculum showed ulceration, and a solution of nitrate of silver, seventy grains to the ounce of water, was applied as far as the sigmoid flexure. In three weeks the application was repeated over part of the rectum which was not doing well. In a short time he could eat and digest anything he wished, and was in his usual health.

Schleich's Infiltration Anæsthesia.*

BY R. P. WENDEL, M. D., ABERDEEN, MISS.

To abrogate the pain of surgical operation has been an object of study and effort from the most remote ages. The attainment of the long-sought object is one of the great triumphs of recent times and has effected a revolution in surgery. Operations became practicable which were not undertaken before on account of their severity; rapidity of execution ceased to be the great aim of the surgeon, dissection of the most delicate tissues could be made undisturbed by the patient's movements, and the operating table before which the stoutest heart sank was transformed from a bed of agony to one of peaceful slumber. With the history of the discovery of introus oxide in 1844 by Wells, that of ether by Morton in 1846, and that of chloroform in 1847 by Simpson, you are all familiar.

In a very few years the use of these general anæsthetics became universal, so that every patient about to undergo an operation claimed the privilege of having his pain annulled by the one of these agents. But as time went on and experience accumulated, it was seen that something else was needed. Every now and then a case of death was reported from anæsthetics and conscientious surgeons all over the world began a search for an anæsthetic that was not dangerous, and that, if need be, could exert its action without abolishing consciousness entirely.

That would enable the surgeon to have, if need be, the co-

*Read before the Mississippi State Medical Association, April, 1897.

operation of his patient in the operation. Such an agent, to meet these indications, must be local in its action, non-poisonous and not injurious to living tissues. The application of cold was one of the first of these agents which was given a trial by means of the various freezing mixtures, the haloid ethers, such as ethyl chloride, ether-spray and others. But it was seen while cold, properly applied, did produce anæsthesia, yet it only did so after an interval of hyperæsthesia, and also that its effects on the tissues were injurious to rapid healing of wounds. The paralyzing action of cold leads to diminish vitality of all the elements and finally to their death. It was also observed that the pain after the subsidence of the anæsthesia was often as severe, if not worse, than the pain of the operation.

In 1884, Dr. Carl Koller of Vienna, made known the anæsthetic properties of the hydrochlorate of cocaine. In a few weeks its use had spread all over the world and its use became general in all departments of surgery. In the domain of the ophthalmologist and aurist, the laryngologist and in all minor surgery it has taken a place. Cocaine, however, has been found to have many serious disadvantages. In the first place its action is slow, in the second place it is distinctly poisonous, and lastly, it can only be used in a small quantity on account of its toxic effects. I presume there are very few before me who have made extensive use of this agent, who have not had cases of poisoning of greater or less severity. The current literature on the subject is full of reports of serious accidents due to the toxic effect of cocaine. Other things being equal it has been found that cocaine is more dangerous when used in the urethra, rectum and about the head. Recognizing these disadvantages, Dr. Schleich, one of the instructors at the University of Berlin, set about devising a local anæsthetic which should be free from these drawbacks. With the end in view to obviate the toxic effects of cocaine he began experimenting with very weak solutions. He found that a solution as weak as one-half per cent would cause anæsthesia. A solution of such strength being next door to pure water, he experimented with pure water and found that it would produce anæsthesia, but that it only did so after a period of intense pain. Any of you may determine that for yourself by injecting a little water into the skin. The wheal thus produced will burn like fire at first and after a few minutes the spot becomes insensitive. If, however, you add to this pure water

three-fifths per cent of soda chloride it does not cause pain, but neither does it cause anaesthesia. Reasoning from these facts he evolved a method of using these agents in the form of a one-fiftieth per cent solution of cocaine in a normal three-fifth per cent of common salt. To this he adds one-one-hundredth per cent of morphine hydrochlorate which reduces the after pain of the operation to less than what it is after chloroform. Dr. Schleich uses three solutions.

No. 1. For suppuration, inflammations, etc.—

R.—Cocaine hydrochlorate.....	gr. ii j
Morphine Hydrochlor.....	gr. $\frac{1}{3}$
Sodii Chlorid. Steril.....	gr. ii j
M.—S.—Dissolve in water, f $\bar{3}$ iiiss.	

No. 2. Normal solution for moderately hyperaesthetic areas—

R.—Cocaine hydrochlorate.....	gr. iss
Morphine Hydrochlor.....	gr. $\frac{1}{3}$
Sodii Chlorid. Steril.....	gr. ii j
M.—S.—Dissolve in water, f $\bar{3}$ iiiss.	

No. 3. Weak solution for very extensive operations—

R.—Cocaine Hydrochlor.....	gr. 1-6
Morphine Hydrochlor.....	gr. 1-12
Sodii Chlorid.....	gr. ii j
M.—S.—Salse aqua, f $\bar{3}$ iijs.	

At first sight these solutions seem like nothing but very weak solutions of cocaine. So they are in a sense, but there are several points of difference. In the first place you will bear in mind what a large quantity can be used without causing poison. I have used as much as six ounces of No. 2 without any ill effect, and surely that is enough for any ordinary operation.

In the next place the anæsthetic effect remains limited to the place where the tissues are distended by the fluid injected. Furthermore, and most important, the solution is not injected subcutaneously but intracutaneously.

Lastly, the anaesthesia is instantaneous and you are not compelled to wait several minutes for anaesthesia to begin. As you will perceive these features make it far superior to the ordinary cocaine solutions. The technique of its use is somewhat different from that of any other method for inducing anaesthesia, and I shall encroach a little further on your valuable time and enter into a discussion of the proper method of using this preparation.

As the solution is to be used in relatively large quantities

it is well to be provided with a large hypodermic syringe—one holding two or four drachms is best. Straight and curved needles are necessary, some large and some fine. In using the solution it is well to spray the skin with ethyl chloride at the point where the needle is to be first entered. When sensibility is lost at that point, the point of the needle is placed against the skin and pushed on within it until the bevel of the point is covered. Then by firm steady pressure on the piston the fluid is forced in until a raised oedematous wheal about the size of a dime is produced. The needle is withdrawn and again inserted near the periphery of the wheal, and another one is produced in the direction you intend the anæsthesia to travel and partially overlapping the first one, and so on until the whole area of the operation field is traversed. The skin is enormously distended and when cut into has a glassy oedematous appearance. This, however, passes away in a few minutes, leaving the tissue in a normal condition and does not interfere with primary union. After the skin has been divided the tissues under it are infiltrated in the same way, starting always from a previously anæsthetized area, using the knife and syringe alternately until the operation is completed. The anæsthesia persists for twenty or thirty minutes, affording ample time for almost any operation. After the operation is completed sutures are inserted as usual, the edges of the wound still being insensitive.

Dr. Schleich has called this method "Infiltration Anæsthesia" for the reason that the anæsthesia is believed to be due almost wholly to compression of the nerves and ischæmia and resulting in complete insensibility to pain, long after most of the fluid has been washed out of the tissues during the steps of the operation. The ingredients of this preparation are now on the market in the form of tablets, one of which is dissolved in three and one-half ounces of distilled water and your solution is ready for use. In this way it is prepared fresh for each operation.

Now one or two practical points. In the first place have your solution cold, for it acts much more effectually. If possible use it at about 60 degs. Fahr. In the next place the preparation can be used in almost any operation. By its use you can perform amputations of fingers, remove tumors and wens from the scalp, face or back, herniotomies, opening of abscesses, felons, etc. In fact, for almost any surgical work except major amputations, opening the abdomen and plastic work. In the latter class of

cases the extreme distention of the tissues interferes somewhat with delicate work. There is one very troublesome class of cases in which you will appreciate it. I refer to inflammations in general. In abscesses, wherever situated; felons, furuncles, carbuncles and the like, its use is a positive pleasure. I know that there is not one of you who will not find its use very gratifying in this class of surgical work. You don't care to give a general anæsthetic to deal with a felon or a carbuncle, and yet it can not be done with cocaine. In such cases by the use of Schleich's solution you can operate with absolutely no pain and do your work leisurely and thoroughly, your patient meanwhile perfectly at rest. If it does no more in your hands than procure relief in these cases it will prove a Godsend indeed.

Let me illustrate its use in, say, a carbuncle. Apply your spray or a drop of pure carbolic acid on healthy skin outside the inflammatory area. Enter your needle and form a wheal in the direction of the swelling; as you inject you will notice the skin turn white and begin to swell. The angry red color will give place to an œdematous wheal, by pushing the infiltration all the red angry color disappears. Then when you have the skin anæsthetized push your needle on down, injecting as you go, to the base of the tumor, and inject the area underlying the inflammatory process. You can then use your knife vigorously and cut out the carbuncle, necrotic and all the rest.

As to use in felon. Enter your needle on the radial side of the finger, way up above the limit of the inflation. Inject slowly one or two syringes full and watch the wave of infiltration surge downward to the tip of the finger. Then infiltrate the other side or you can encircle the finger if you desire, and you can then incise it from palm to tip without a sign of pain from your patient, and I know of no other plan by which you can do this.

These statements I have personally verified in scores of this distressing class of cases.

In these rather desultory remarks I have endeavored to outline some of the salient advantages of this method. It contains nothing that can not be learned by a little perseverance and practice, and I am sure that those of you who perfect yourselves in the technique of the method will agree that by its use the domain of painless surgery has been greatly enlarged and that you can earn the gratitude (and incidently the cash) of that large class of patients who dread a general anæsthetic, and who are

willing to pay a little larger fee, provided the surgeon can give them relief "without putting one to sleep" as they express it. Gentlemen, I thank you! Finis!

Laryngeal Tuberculosis ; Its Treatment.*

BY RICHMOND MCKINNEY, M. D., MEMPHIS, TENN.

Editor Memphis Medical Monthly.

Of the many varied affections of the throat with which the laryngologist has to contend, there is none more distressing to the patient, nor more persistently unyielding to treatment than tuberculosis of the larynx.

Since the publication in 1837 by Trousseau and Belloc (who were the first to prescribe and employ topical medication in chronic diseases of the larynx) of their admirable treatise on laryngeal phthisis, the treatment of this condition which was previously regarded as absolutely hopeless, has steadily developed until now we are in a position to alleviate the sufferings of many and practically cure, few permanently, however, a number of these distressing cases.

Laryngeal tuberculosis is, in a large majority of instances, secondary to or coincident with the development of a similar process in the lungs, but can undoubtedly occur primarily in the larynx. Trousseau and Belloc say that in the rigorous and literal acceptance of the term, we are to understand by laryngeal phthisis, a chronic affection of the larynx, able of itself to produce consumption. However this may be the process usually follows but occasionally precedes pulmonary tuberculosis. The etiology of this disease lies in a tubercular diathesis, a previously existing pulmonary tuberculosis, or, where the membrane is already the site of a catarrhal erosion, by auto-inoculation of the membrane of the larynx by the bacillus-laden sputa coming from the diseased lungs.

This disease is one of almost exclusive adult life, the majority of cases occurring between the ages of 20 and 30, females predominating over males as to sex more often afflicted. Turning to statistics concerning the frequency of development of laryngeal tuberculosis in the course of pulmonary phthisis, we find that Mackenzie claimed in a series of 100 cases to have

*Read before the Mississippi State Medical Association, April, 1897.

found 33 per cent. with involvement of the larynx. Heinze in an examination of 1,226 cases of phthisis at the Pathological Institute at Leipsic, found 30.6-10 per cent. to have laryngeal ulceration. Bosworth, however, is inclined to believe from a clinical point of view, that about 13 per cent. of cases of pulmonary tuberculosis will develop an active disease of the larynx. With this statement I am disposed to concur for observers who have found so large a proportion of cases with laryngeal involvement as those quoted have certainly enumerated in their statistics a number of cases in which a tubercular deposit only, without any pronounced subjective symptoms, is present.

The pathology of this disease is summed up in a few lines which I take from Delafield and Prudden's latest edition of their *Pathological Anatomy*. They say it is "a catarrhal inflammation, a growth of new cells in the stroma, and the formation of tubercle granula in the stroma without necrosis. The mucous membrane is thickened, it is coated with a layer of mucus and desquamated epithelium. From the epithelial layer outward the stroma is infiltrated with cells and tubercle granula." A tendency to necrosis exists and this is followed by ulceration.

The earliest subjective symptom of tubercular laryngitis is impairment of the voice, and this symptom present in any individual with a tubercular diathesis should call for a thorough examination of the larynx at the hands of an expert laryngologist at the earliest available opportunity, for upon early diagnosis depends in a large measure the success of the treatment used. Vanderpoel, who from his large investigations in this disease is considered very reliable authority, regards this increasing difficulty in phonation as one of the most important premonitory symptoms. Cough, although usually due to pulmonary involvement, is almost invariably present throughout the course of the disease. Pain is not often found in the earlier stages of tubercular laryngitis, being characteristic of the ulcerative stage. When expectoration is profuse and purulent, or mucopurulent, its origin is to be sought in the lungs. Hemoptysis, while occasionally present after the ulcerative stage has set in, is to be regarded as among the rare symptoms. Laryngeal dyspnea is also but rarely present in this condition. Although the symptoms of tubercular laryngitis, where there is involvement of the lungs, are such as to usually render the diagnosis comparatively easy, we are dependent upon a careful laryngoscopic examina-

tion in order to definitely diagnose this condition in its incipency and in order to ascertain the extent of tissue involved, character of the lesion and the stage of progress of the disease. The recognition of a tubercular process in the larynx to those familiar with the use of the laryngoscope is not at all difficult when the ulcerative stage has set in, but to recognize a beginning laryngeal tuberculosis, so important to successful treatment, is no easy task. The first and one of the most important symptoms that presents itself to the observer with the mirror is that of a high degree of anemia. Following this we have infiltration, tumefaction or turgescence of the arytenoids and inter-arytenoid space.

But Vanderpool has suggested still another change in the condition of the larynx which promises to prove even more valuable in early diagnosis. He finds that before there is evident any infiltration of the mucous membranes or tissues, or before there has occurred any ulcerative process whatever, there is over the mucous membrane of the arytenoids and vocal cords, perhaps on the epiglottis as well, a thin, sticky, whitish muco-purulent secretion. With the symptoms enumerated, difficulty of phonation, anemia and the characteristic secretion covering the larynx, the diagnosis of incipient laryngeal tuberculosis is much simplified. Differentiation of tubercular ulceration of the larynx from other ulcerative processes in this region is occasionally rendered somewhat difficult, but careful observation and study of the subjective and objective symptoms present readily clear this up. At times, although rarely, syphilis and tuberculosis occur in the same individual, these conditions being differentiated by inquiry into the history of the patient and the usual antispecific treatment, together with the characteristics of the syphilitic ulcer.

It is with some hesitation that I merge upon the subject of prognosis in tubercular laryngitis, for I am one of those who have little confidence in the permanency of most of the reported cures. Still, however, a number of such eminent laryngologists have reported favorable results that we should be encouraged to undertake active therapeutic measures in all early cases and should certainly use palliation in the more advanced cases. Coulter says the prognosis in laryngeal tuberculosis will depend (1) on the amount of forced feeding the patient can stand; (2) on his general health at the time the treatment is begun; (3) on the extent of the infiltration; (4) on the amount of dysphagia present,

and (5) on the effect the remedies exert in that particular case, as well as (6) on the application of the proper remedy.

The remedies which have been advocated in the treatment of tubercular laryngitis for even the last decade are legion, but those remedies really possessing merit in this condition are very few. Menthol in liquid vaseline should be sprayed into the larynx in the stage previous to ulceration as it promotes resolution in the event there be local hyperamia, and stimulates capillary circulation should an anemic condition be present. As a topical application to the ulcerative process guaicol is now largely given preference, and I personally prefer it to any other healing agent in treating this condition. It should be used in solution, beginning with five or ten per cent strength and increasing the strength of the solution as the patient is able to bear same. Lactic acid has also been used quite successfully, Bergengruen reporting seven cases cured by general treatment and lactic acid and iodoform locally. Newman reports two cases of primary tuberculosis of the larynx cured by spraying with a solution of iodoform and ether following a spray of cocaine. The surgical treatment of laryngeal tuberculosis has in the last few years made rapid advances and the results obtained by such men as Heryng in Norway, and Gleitsman in America, are of a nature to lead us to curette in all early cases. Each of these observers together with a number of others report several cures of varying duration after operative procedure. Gleitsman gives the following rules for curetting:

1. In cases of primary tuberculous affections without pulmonary complications.
2. In cases of concomitant lung disease which is either in the incipient stage or has at least not progressed to softening and hectic conditions.
3. It is best adapted for circumscribed ulcerations and especially infiltrations of the larynx.
4. For the dense, hard swelling of the arytenoid region, the ventricular bands, the posterior wall, for tubercular tumors and affections of the epiglottis.
5. In advanced lung disease with distressing dysphagia resulting from infiltration of the arytenoids, curettement is justifiable as the quickest means to give relief.

As contraindications he mentions—

1. Advanced pulmonary disease and hectic.

2. Disseminated tuberculous disease of the larynx leaving little or no healthy tissue.

3. Extensive infiltrations, producing severe stenosis, when tracheotomy is indicated. It is not to be recommended in nervous, distrustful patients, who lack the necessary perseverance or confidence in their physician.

In closing permit me to say that although those cases which can be really called permanent cures are still very few, I do not hesitate to believe that the advances thus far made in surgical procedure for the relief of laryngeal tuberculosis but herald much better results in the future treatment of this disease.

Society Proceedings.

“THE AMERICAN MEDICAL ASSOCIATION; ITS PAST, PRESENT AND FUTURE.”—PRESIDENT’S ADDRESS.

[CONTINUED.]

History has demonstrated the necessity of associated action in advancing the interests of the arts and sciences, commerce and the learned professions. The origin and the success of the American Medical Association have demonstrated the full meaning and force of this statement. Individual efforts accomplish but little in the correction of long standing and widely disseminated evils. In 1835 the faculty of the Medical College of Georgia proposed the holding of a convention of delegates from all the medical colleges of the Union. This proposition met with little encouragement on part of the remaining medical schools, and the first movement which contemplated a convention of delegates, not only from all the medical colleges, but also from the regularly organized medical societies throughout the New Republic, was made in the Medical Society of the State of New York, at the annual session in February, 1839. At this meeting, upon motion of Dr. John McCall, it was decided to hold a National Convention in the city of Philadelphia in 1840. The movement did not meet with sufficient encouragement to carry out the desired object. In the meantime the cause of medical education received a new and vigorous champion in the person of young Dr. N. S. Davis. He was born in the State of New York, Janu-

ary 9, 1817. Until 16 years of age he assisted his father in managing a farm. After receiving the limited advantages of a rural-district school training he attended for six months Cazenovia Seminary. With this scanty preliminary education he entered upon his professional studies at Fairfield, in the old College of Physicians and Surgeons of the Western District of New York and graduated with the class of 1837, being then but a few days over 20 years of age. Endowed with a logical mind and great power of discrimination he became impressed during his college life with the importance of a systematic graded course of instruction. His attendance upon lectures was arranged with such an object in view and he is probably the first graduate of an American Medical College who enjoyed the benefits of a graded course of instruction, which was arranged by himself and not by his Alma Mater. Ever since his graduation as a member of the American medical profession and as a teacher he has been an ardent advocate of systematic graded medical instruction, and the medical college which he later founded was the first one in this country to formulate and carry out his ideas. At the time he entered upon the practice of his profession in New York the Medical Society of that State was fostered and guided by Dr. John Stearns. Almost from the beginning of his professional career Dr. Davis became a leader among his colleagues, and a strong advocate of much needed reforms in medical education.

Between the years 1830 and 1845 the number of medical colleges in the United States nearly doubled. As there was no concerted action between the schools and the profession this rapid increase of competing schools furnished a formidable obstacle to the cause of improved medical education. Two courses of lectures from thirteen to sixteen weeks were usually required. Dr. Davis served as a delegate from Broome County in 1844, and at once entered upon his life-work in agitating the necessity of concerted action to elevate the standard of preliminary and medical education. He introduced a series of resolutions to that effect and was appointed chairman of the standing corresponding committee, to which the resolutions were referred. The following year the subject was again discussed pro and con, but many of the delegates from the medical schools placed themselves on record as being opposed to such radical changes as proposed by Davis and others. It was at this meeting that Alden March privately suggested to Davis that the objections

which were made might be possibly overcome by calling a convention of delegates from all the colleges and thereby inducing the institutions of the several States to act in harmony. A preamble and resolutions for the formation of a National Convention were then immediately prepared and read by Davis. Few of those present and who took part in the discussion which followed were of the opinion that it would be possible to carry the movement into effect. However, a committee of three, composed of Davis, Peter Van Buren and McNaughton, was appointed. The chairman immediately entered into active correspondence with the officers of the colleges and medical societies and received unexpected encouragement from sources least expected. The animosity manifested toward the Association came principally from the representatives of the medical schools, many of whom were opposed to extension of the lecture term to six months and a higher standard of preliminary education. The medical colleges which openly refused co-operation were those in New York and Boston. It was decided to hold the National Convention in the College Building of the New York University on the first Tuesday in May, 1846. Dr. L. Ticknor in the meantime suggested the advisability of organizing out of the National Convention a permanent National Medical Society. The National Convention was held at the appointed time and was attended by nearly one hundred delegates, representing sixteen different States. Dr. Jonathan Knight, professor of surgery in Yale College, was elected President. After completion of the organization of the Convention Dr. Gunning S. Bedford presented a resolution to adjourn sine die, asserting that the Convention did not represent a sufficient number of States. As the mover of this resolution was a member of the faculty of the medical school in which the Convention met, his open opposition came as a great surprise. The motion was lost by a vote of seventy-four to two, the latter being cast by the mover of the resolution and his colleague, Pattison. A committee of nine was appointed to frame propositions for discussion and action. Of the propositions presented by the committee the first provided for the organization of a permanent National Medical Association, the next two recommendations related to preliminary and medical education, while the fourth suggested the framing of a code of medical ethics. A number of committees were appointed for the purpose of completing the organization next year and to place the Asso-

ciation at once into working order. It will be seen that the most violent opposition to the organization of the American Medical Association came from New York, and it, therefore, does not appear strange that years later, after the Association was completed and had demonstrated by the work done and influence exerted, that it was in this same State that a part of the profession rose in open rebellion and seceded. The meeting in Philadelphia in 1847 was held in the Academy of Natural Science, May 5, when the organization of the American Medical Association was completed. It was attended by two hundred and fifty delegates, representing more than forty medical societies and twenty-eight colleges, embracing medical institutions in twenty-two States and the District of Columbia. Jonathan Knight was re-elected President. Harmony characterized this meeting. The report on Medical Ethics made by Drs. Bell and Isaac Hayes was full and explicit and was unanimously adopted. In the preamble preceding the Constitution, the purposes for which the Association is organized are declared to be "for cultivating and advancing medical knowledge; for elevating the standard of medical education; for promoting the usefulness, honor and interests of the medical profession; for enlightening and directing public opinion in regard to duties, responsibilities and requirements of medical men; for exciting and encouraging emulation and concert of action in the profession, and for facilitating and fostering friendly intercourse between those engaged in it." The sentiments contained in the preamble show that the founders of the Association were infused with a spirit of enthusiasm and energy regarding the future welfare and usefulness of their profession and laid a wide and firm foundation upon which to build the temple of American Medicine. At this meeting committees were appointed representing the different departments of the healing art which were expected to report at the next meeting. The articles of the Constitution were adopted without much discussion and only a few amendments. The Convention then resolved itself into the American Medical Association, and the committee to nominate officers made a report which was unanimously adopted. Dr. Nathan Chapman headed the list of officers. The permanent organization of the Association gave a new impetus toward the formation of State medical and local societies, which soon became auxiliary to the National Association and excited a spirit of scientific investigation throughout the Union.

The membership increased very rapidly. At the meeting in Baltimore the following year four hundred and ninety-two delegates were registered, of which number two hundred and sixty-six were in attendance, representing the United States Army and Navy, twenty-four States and the District of Columbia. The annual meetings were held with regularity and with increasing attendance, until the great War of the Rebellion drew a line between the North and South, which temporarily parted the profession. The firing upon Fort Sumter brought on the greatest war the world ever witnessed, which for five long years made the earth tremble and saturated our soil with the blood of those engaged in the deadly conflict. Accounts of battles and rumors of battles filled the columns of our newspapers and furnished the all-absorbing subject of discussion in the home circles, business places, offices, the pulpits and at the seat of war. The brave men in blue and gray fought with a determination that could only be inspired by a sense of conviction of the justice of their respective cause, and born of a spirit of patriotism that has always typified the American citizen. Our profession took an active and honorable part in this terrible contest. The medical schools on both sides became almost depopulated, as many of the students shouldered the musket and hurried with the improvised armies to the bloody scene. The medical officers of both armies, composed mostly of men with a ripe experience as practitioners, but entirely ignorant of the many details required of military medical officers, ministered to the sick and wounded with an efficiency and devotion that challenged the admiration of the world. No armies ever enjoyed to a greater extent the blessings of military surgery. The services rendered by civilians so suddenly pressed into military life did much to mitigate the horrors of the many battlefields, and are remembered with gratitude by many of the surviving scarred and maimed veterans. The work done by the medical officers on both sides will always occupy an honorable position in the annals of military surgery, and in the history of our own country it will remain as a bright spot, a shining star during its most trying ordeal, when the very foundations of our Government were trembling from the desperate attacks of an honorable, well-meaning but misguided enemy.

The Association voted to meet in Chicago in 1865. The War of the Rebellion interrupted the meetings until 1865, when it was practically over, and after a number of adjournments, the

Association met in Boston in May, 1865. It required repeated and continued efforts on the part of N. S. Davis to secure a meeting at this time, as the chairman of the Committee of Arrangements was strongly in favor of adjournment for another year. This meeting was attended by two hundred delegates. The only thing which savored of war and which showed the intense excitement which still prevailed and which caused a serious discord was the expulsion from the Association, without trial, of Dr. Montrose Pallen, an alleged sympathizer with the South and who then resided in Canada. Dr. Pallen was charged with the most unreasonable and heinous crime of introducing smallpox among the people of the North and East. In spite of earnest protests by a number of more cool-headed delegates, he was expelled without trial. Seventy of the delegates entered protest against this hasty and unwarrantable action. As the only redeeming feature in this unpleasant episode in the history of the Association, I find that after the close of the war Dr. Pallen was exonerated and reinstated at the next meeting, which was held in Baltimore in 1866. After the close of the war the delegates from the South at once resumed their attendance, the most cordial relations were restored and many of the largest and best meetings have taken place in Southern cities. The attendance has increased steadily and the influence of the Association has been felt throughout the Union and has extended far beyond the limits intended by its founders. The Association is now in a healthy, vigorous condition, a precious and responsible heritage of its founders. Its membership now consists of nearly nine thousand physicians. The responsibility of its officers and members increases with every additional advantage it offers. Its influence for good will increase with every new membership. Every regular physician practicing his profession owes a duty to the Association, and the least he can do is to join its ranks. There is no reason why, in the course of ten years, our membership should not increase to fifty thousand. It is my duty and your duty to bring within its folds every respectable physician of our acquaintance. Increase the army of regular conscientious physicians, secure concerted action and be helpful in inciting among its rank and file a spirit of scientific investigation, and you discharge a part of the duties imposed upon you by the founders of the Association.

MEDICAL EDUCATION.

One of the principal subjects in view of the founders of the American Medical Association was to effect a much needed reform in medical education, looking toward a higher standard of preliminary preparation, lengthening of the lecture course and a systematic graded course of instruction. These objects have been nearly attained and largely through the influence of the Association. Nearly all of our medical schools, large and small, now require four years' attendance, of eight months each, of a systematic graded course, and with few exceptions furnish adequate laboratory and clinical facilities. Our printed transactions from the beginning of the Association until the present time are loaded down with matter pertaining to medical education. This mission of the Association is about fulfilled. We have medical schools that are on a par with those of the older nations. There is no further excuse for our medical students to seek foreign universities to obtain a thorough medical education. Some of the very best practitioners of the United States are men who graduated in our own schools and who have never left their native soil. It requires no stretch of imagination to predict with certainty that our country will become the center of medical education within twenty-five years and our medical institutions will be sought by foreign nations, as they will in the course of that time furnish facilities for teaching far in advance of those of any other country. Our medical schools are not tampered by politics and they are undergoing a rapid evolution by acquiring unlimited financial resources and by the ceaseless activity, the wide-awake, energetic and enthusiastic practitioners who by hard work, frequent intercourse with representative medical men at home and abroad become model practical teachers. The next function of the Association, as far as medical education is concerned, lies in another direction—post graduate education.

MEDICAL SOCIETIES AS POST-GRADUATE INSTITUTIONS.

We are all aware of the fact that the best medical education obtainable anywhere is but the entering wedge, the foundation for a broader practical education needed at the bedside, which occupies a lifetime and which is never completed. The diploma from any college is but an evidence that its possessor is prepared to enter with understanding upon this post-graduate study of medicine. The recent graduate has but a faint idea of the limi-

tation of his knowledge when measured with the rigid requirements at the bedside. The successful progressive physician is, and remains, an earnest steady student. He enters at once upon a course of post-graduate instruction in an institution which he never leaves and from which he can never expect to graduate. It is and must be one of the principal functions of medical societies, National and local, to receive the young practitioner and direct and supervise his post-graduate work. The medical societies, large and small, are the legitimate and proper post-graduate medical schools. The polyclinics and post-graduate medical schools, which have recently appeared upon the field of medical institutions and which had their origin in this country, have done good work in furthering the objects and directing the ambitions of the progressive practitioners, old and young. They have fostered and favored specialism, and have as often retarded as advanced the true interests of the science and art of medicine and surgery. They never did and never will take the place of the medical societies as post-graduate institutions for the enlightenment and advancement of the great mass of practitioners. Post-graduate medical education must be systematic, graded, continuous and not spasmodic. Is it not true that many city, village and country doctors, after a few years of active practice, tired of the monotony of their work and the severe exactions placed upon the general practitioner, seek one of our post-graduate institutions, after a term of two or three months, receive their certificate printed upon the finest sheepskin, signed by forty or fifty professors, most of them themselves recent graduates and next appear upon the surface as full-fledged specialists? I am willing to accord our post-graduate medical schools a field of genuine usefulness, but they can never take the place of medical societies in imparting and supervising post-graduate instruction. Rational post-graduate work consists in the reading of the current medical literature, in mastering the contents of modern text-books and monographs, the diligent use of the microscope as a means of scientific investigation and as a diagnostic aid, in acquiring and maintaining an adequate practical knowledge in interpreting disease from a bacteriologic standpoint, and a regular attendance of the meetings of medical societies, local, State and National. Not a single day should be permitted to pass without absorbing something useful from the mass of medical literature or the study of some specimen, histologic or pathologic, under

the microscope. Application and practice will soon initiate the intelligent seeker of knowledge into a systematic course of study. The fruits of such individual efforts belong to the medical profession and should be brought into the proper channel through medical societies or the medical press. Every recent graduate should affiliate himself with the local, State and National societies, and the time and money spent in attending their meetings will be well invested. He should always be an attentive listener, and as time and opportunity present themselves, an occasional contributor. There are at present two apparent prevailing evils regarding medical societies as educational institutions: too many societies and too many papers. The multiplication of medical societies of all kinds has gone on with unwarranted speed, and the *furor scribendi* that is prevalent at the present time is unparalleled in the history of medicine. Specialists have their own societies, all of which are doing excellent work. There can not be too much said in favor of city, county and State medical societies, all of which should be in affiliation with the American Medical Association, which is now and always will remain the recognized representative body, the final tribunal of the American profession. The organization of district and sectional medical societies is of questionable utility, as these societies detract from the attendance and scientific work of the National associations, and the State and county medical societies. Medical societies are especially intended for scientific work. The great majority of doctors who attend the meetings, do so for the sole purpose of receiving or imparting knowledge. There are, however, men who attend these gatherings from less pure and unselfish motives; they are the political doctors, the wire-pullers who are always on their feet making and discussing motions, offering amendments to amendments, often to the great consternation of the presiding officer and the detriment of the scientific work of the society. These men appear more for the purpose of being seen and heard, to kill time rather than to promote the legitimate work of the society. Every society contains more or less of this morbid material. These men come early and place themselves on record at the very first possible opportunity; they seldom read papers or take part in the discussion of scientific subjects. Some of them have been mayors, aldermen, or if fortune smiled upon their political career, perchance, members of the State legislature. They know something about parliamentary law and

are anxious that their more timid and less informed colleagues should know it. The general meetings of the Association have on many occasions resembled more a political caucus or a stirring debate in the Senate or House of Representatives than the calm proceedings of a scientific body. Many valuable hours have been consumed by discussing subjects that should never have appeared. Our constitution and by-laws have undergone so much mending that even those best informed would find it difficult to tell what is old and what is new. Let this part of our work be referred to appropriate committees who take the necessary time and pains to inform themselves correctly and in a calm deliberate way make the necessary recommendations to the society. Let us in the future devote our whole time to scientific work and not tempt the patience of those who come for that sole purpose by the prolonged discussion of business and executive topics that can be done much more satisfactorily in the committee room than the general sessions of the Association. To make medical societies a proper and useful training-school for the practitioner, young and old, the scientific work must be done in a systematic manner. The young graduate with a practical experience dating back two or three years should not feel called upon to appear in any of our sections and occupy our time by relating wonderful cases or a series of daring surgical feats. His maiden efforts belong to the local society, the smaller the better. After a training for five years or more he is then qualified to serve the State medical society in an active capacity, preparatory to his entering the working ranks of the American Medical Association at the expiration of six or ten years of active practice. By taking such a course he is adopting a systematic course of post graduate education and instruction which will slowly but surely bring success and recognition. The ephemeral reputation which occasionally rewards early literary efforts on high-sounding subjects is frequently followed by a depression from which it is difficult to recover. It is the slow growing solid oak, and not the slender poplar that reaches out early for the sky, that offers the greatest resistance to wind and storm. The young physician will do well to select subjects for his early literary work from the primary branches of the science of medicine, anatomy, physiology, histology, chemistry, pathology and bacteriology and reserve his efforts in writing on practical subjects until he has acquired sufficient experience to speak authoritatively. By pursuing such

a course he will interest and instruct his older colleagues and command their respect and admiration at the very threshold of his professional career. One of the glaring faults of the medical societies of the present day as teaching institutions is the presentation of too many papers. A bulky volume of transactions is no indication of the value of the work accomplished. The papers should be few, concise and thorough, the discussions free and general. It is usually more difficult to discuss a paper intelligently than to write it. It is seldom that in a prolonged discussion the remarks remain limited to within the legitimate limits of the subject under consideration. To discuss a paper properly requires careful preparation. Off-hand statistics must be regarded with suspicion. A sense of honesty should compel participants to report their unfavorable as well as their favorable cases, and to record their mistakes as well as their successes. Embellished, painted statistics, too prevalent at this time from ambitious operators, are dangerous traps and should be scrupulously excluded from the current medical literature. Honesty in medicine, as elsewhere, is always the best policy and will be amply rewarded at the proper time. Clinical reports are valuable when properly made; harmful and misleading when based on superficial observation and written from memory instead of from an accurately kept case-book. The results of post-mortem examination should be given with the same candor as the clinical history and the reasons which lead to the diagnosis and the treatment pursued, as it often furnishes the last argument in favor of or against what was surmised or done for the patient during life.

Scientific Work of the Association.—The published transactions and the volumes of the *Journal of the American Medical Association* are a mine of information for the general practitioner as well as the specialist, as they contain valuable contributions to medical literature, embracing all the departments of the healing art and the allied sciences. Many of the contributions have found a permanent place in our general literature and must be referred to by authors who write on the subjects of which they treat. It is a source of regret that many of the most important and interesting papers read during the early history of the Association have been buried in the volumes of the transactions. The value of these compendious volumes are as a rule underestimated by medical literary men, and are not consulted and quoted

with the frequency they deserve. No other works contain a more accurate report of the early history of anesthesia. Indigenous medical botany receives well-merited attention. Endemic and epidemic diseases which prevailed in this country at that time are discussed by the most prominent and competent medical men. Surgery is ably represented by a number of the most distinguished surgeons of that period. From the very beginning of the Association hygiene and sanitation were given a prominent place in the proceedings. Anatomy and physiology received more attention then than now. During the early history of the Association the scientific work was done by committees and the reports were read and discussed in the general sessions. The reports were comprehensive and long. W. T. Wragg made the first report of the Committee on Medical Sciences in 1848, which occupies fifty pages of the first volume of the transactions, and embraces the current medical literature of that year in a condensed clear form. The same year the Committee on Practical Medicine reported through their Chairman, Joseph M. Smith, "On the Contagious and Infectious Epidemics." The report was quite a lengthy one and deals largely with the etiology and pathology of typhoid fever. In the same volume the Committee on Surgery gives a detailed account of Brainard's work on the "Treatment of Spina Bifida and Serous Effusions by Tapping and Injections of Tincture of Iodin," and a very interesting treatise on "Anesthetic Agents."

A special and comprehensive report on "Anesthetic Agents, Their Mode of Exhibition and Physiologic Effects," by J. R. Bigelow, contains the most authenticated account of the early history of anesthetics and some practical suggestions how they should be administered, which are the safest guides to-day. The members of the Committee on Obstetrics discussed the "Use of Anesthetics in Labor." Their conclusions are summed up as follows: "The committee do not think it important to express an opinion as to the comparative value of sulphuric ether and chloroform in obstetric practice. While the latter is more convenient, the former is probably more safe, owing to the fact perhaps that it is not cumulative in its operation. They are both efficient and either may be employed at the option of the accoucheur." The Committee on Medical Literature, headed by Oliver Wendell Holmes, gave short abstracts of the more important articles published in the medical journals of the United States during that

year and of the works on medicine and surgery by American authors and translators. N. S. Davis writes the report of the committee on "Indigenous Medical Botany," which includes the botanical description, medical properties and uses of *Lycopus virginicus*, *Hamamelis virginica* and *Cimicifuga racemosa*. Adulteration of drugs is treated by T. O. Edwards.

In the second volume Dr. James Wynne makes the "First Report of the Committee on Public Hygiene," which covers 223 pages. In the same volume Francis C. Porcher read the "Report on the Indigenous Medical Plants of South Carolina," which occupies 250 pages and includes a description of 319 plants and their medicinal uses. It was soon found that these lengthy reports, although extremely valuable, did not meet with the requirements of the profession. Consequently, at the Charleston meeting, the standing committees were abolished upon motion of Dr. Isaac Hayes, and upon motion of Dr. G. B. Wood it was Resolved, that a committee of seven be appointed to take into consideration the arrangement of committees for future action, and to report as soon as possible. In accordance with the action of this committee the future scientific work of the Association was to consist of discussions of special subjects selected for the next year. The committee also recommended the appointment of a Committee on Volunteer Communications which should be authorized to award a prize of \$50 for each of the essays approved by it, not, however, exceeding five in number in one year. The action of the committee led to the appointment of twenty seven special committees. This arrangement proved satisfactory for a number of years, when the rapidly increasing attendance made it necessary to do the scientific work in sections representing the different departments of the healing art, adding new sections for the study of special branches as specialism asserted itself. This plan has proved eminently adapted for the needs of the general practitioner, as well as the different specialists. A vast amount of valuable material is brought to the different sections annually by many men, who, at the same time, take an active part in the proceedings of societies devoted to special work. Most of the prominent men in the profession attend our meetings annually and are always sure of bringing the fruit of their labors and product of their pen before an appreciative audience. Our section work is improving from year to year, and has done much toward creating and moulding the medical literature of this country.

Prize Essays.—Literary work in this country is appreciated only by the profession, and the only prospective reward is a consciousness of a duty performed and the recognition it may receive from the profession. Government recognition, such a strong stimulus to hard work in many of the countries abroad, is out of question here. For the purpose of stimulating original research the American Medical Association during the first few years of its existence took the necessary steps to establish prizes for meritorious literary productions. The origin of awarding prizes for essays was by the following resolution offered by Dr. Alfred Stille, while Chairman of the standing committee on medical literature at the annual meeting in Cincinnati, in May, 1850:

“Resolved, That the sum of \$100 raised by voluntary contributions, be offered in the name of the Association, for the best experimental essay on a subject connected either with physiology or medical chemistry, and that a committee of seven be appointed to carry out the objects of this resolution; said committee to receive the competing memoirs until the first day of March, 1851, the author's name to be concealed from the committee and the name of the successful competitor alone to be announced after the publication of the decision.”

The Treasurer's report at the next meeting showed that \$50 had been paid in through Dr. A. Stille and \$50 through Dr. F. G. Smith; and at that meeting, Charleston, S. C., May, 1851, the first prize was awarded to Dr. John C. Dalton, his subject being “On the Corpus Luteum of Menstruation and Pregnancy.” The prize in 1852 was awarded to Austin Flint, who wrote “On the Variations of Pitch in Percussion and Respiratory Sounds, and Their Applications to Physical Diagnosis.” The successful competitor the following year was Washington L. Atlee, who presented a notable paper on “The Surgical Treatment of Certain Fibrous Tumors of the Uterus Heretofore Considered Beyond the Resources of Art.”

In 1853 Walter J. Burnett presented a paper on “The Cell, Its Physiology, Pathology and Philosophy, as Deduced from Original Investigations, to Which is Added Its History and Criticism,” and received the coveted prize.

The following year the prize was awarded to Daniel Brainard, the most distinguished surgeon at that time of the great and distant West, for his classical paper, “An Essay on the Method of Treating Ununited Fractures and Certain Deformities of the

Osseous System." Among the remaining prize essays, the one on "Resection of Joints," by Culbertson, is entitled to special mention for its thorough exposition of this subject and its statistical value.

Prizes were annually offered in the name of the Association until 1880, when at the annual meeting in New York, all previous regulations awarding prizes were abolished and a new system for awarding prizes through the agency of the several sections was adopted. Since that time no essays have been offered and no prizes awarded.

It will be seen from what has been said, that the prize essays of the American Medical Association take a high place in American medical literature, and it must appear plain to every one that the practice should be resuscitated. Authors and investigators should be encouraged in their work. The awarding of medals and prizes will encourage the younger members of our profession to apply their talent and energy in a proper direction. The recognition by the American profession of the merits of a literary production is a source of greater satisfaction to the author than the gratification afforded by the intrinsic value of the prize.

I would recommend as the greatest stimulus to original research the awarding of an Association gold medal for the best essay on any subject pertaining to the healing art. The gold medal to be offered by and at the expense of the Association. I would suggest that one side of the medal should bear the bas relief of the father of the Association, Dr. N. S. Davis, and the name of the American Medical Association; the other inscribed with the name of the successful competitor, the date of the award, with an Æsculapius staff in the center. The ceremony of awarding the medal should be in public on the last day of the meeting of the Association, preceded by an appropriate speech by the presiding officer. The competitive essays should be placed in the hands of a special committee on prize essays three months before the date of the meeting in the same manner as was customary in competing for prizes in the past. It is time that the profession of this city, the home of the distinguished Benjamin Rush, should do something substantial to commemorate his memory. They can do nothing better than to establish at once, before this meeting adjourns, a Rush Memorial prize to be awarded for the best treatise on any subject relating to the

science or practice of medicine. This city has the enviable reputation for its distinguished, enthusiastic and wealthy physicians, and I am confident they need only to be reminded of this late obligation to their most eminent colleague of the past to step forward and subscribe the necessary fund of five or six thousand dollars. I am sure if Benjamin Rush had a voice in this matter he would prefer such a monument to one of marble or bronze. I trust that in the near future every section will establish an annual prize. If this is done we may expect a rich harvest of the most valuable contributions to indigenous medical literature.

American Medical Literature.—During the early history of our country students and physicians had to depend upon foreign authors for their text-books. With the Declaration of Independence came a sense of responsibility to our representative medical men to create a literature of our own. The first timid attempts consisted in translating or editing foreign books. The great evil of this then, and to a certain extent even now too general a practice, did not escape the good sense and keen eye of one of the early members of this Association, whose name has become a household word throughout the civilized world—Oliver Wendell Holmes, who alludes to this subject in the following plain but significant language: "It can not be denied that the great *forte* of American medical scholarship has hitherto consisted in 'editing' the works of British authors. The committee are not disposed to disguise the fact that this business has been carried on in a very cheap and labor-saving fashion. A tacit alliance between writers and publishers has infused the spirit of trade into the very heart of our native literature. The gilt letters of the bookbinder play no inconsiderable part in the creation of our literary celebrities. Sometimes the additions by the 'American editor' have been real and important, often nominal and insignificant." Dr. S. D. Gross, the Nestor of American surgery, and the foremost medical author this country has produced, raised his voice against such a parasitic literature at the meeting of the American Medical Association in 1850 by offering the following preamble and resolutions, which were unanimously adopted:

WHEREAS, The interests and dignity of the medical profession of the United States, as well as the true spirit of patriotism and a love of independence, demand that we should use all proper and honorable means for the establishment of a National Medical Literature; and,

WHEREAS, We have hitherto paid too blind and discriminate a deference and devotion to European authority;

Resolved, That this Association earnestly and respectfully recommend to the medical profession generally, and to the various medical schools in particular, the employment of native works as text-books for their pupils, instead of the productions of foreign writers.

Resolved, That the editing of English works by American physicians has a tendency to repress native literary and scientific authorship, and ought therefore to be discouraged by all who have at heart the object contemplated in this preamble.

Resolved, That this Association will always hail with satisfaction the reprints in their original and unmutilated form, of any meritorious works that may emanate from the British press.

At this same meeting Dr. G. B. Wood spoke upon this subject and said, among other things: "Our literature will start forward at a rate that will probably astonish the world as much as our profession in the arts, in wealth and in all the comforts of life. It will have the advantages, moreover, of conformity with our institutions. It will intertwine itself with the popular feelings, convictions and habits, imparting to them consistency, strength and durability; growing with their growth, at once giving and receiving support, and, above all other means, adorning, ennobling and strengthening the natural character."

The utterances of these three eminent members of the American Medical Association were made at a time when our Association was passing through the stage of infancy, and yet how forcible and positive is the language pleading for an undefiled, pure American literature. Largely through the influence of this Association their wishes have been realized. Foreign works edited by American authors are becoming fewer year after year, while books written by American authors have nearly displaced English text-books in our college and physicians' libraries. To-day the best text-books for students and the safest guides for physicians and surgeons are those written by American authors. We have every reason to take a just pride in the rapidly growing and high standing of our American medical literature. Our foreign colleagues will soon be compelled to acknowledge our literary independence and to recognize more fully the pen-products of American authors. The time is coming and is near at hand when we will be in a position to pay our indebtedness to them and their predecessors with compound interest, and they will follow to a limited extent our example in the past and commence

to edit and use American text-books. Let us stimulate the awakening and growing interest of American authors by creating the necessary funds for a number of prize essays and the future distinction and pre-eminence of American medical literature will be assured.

Journal of the American Medical Association.—One of the potent agencies in the hands of the members of this Association to place American medical literature upon a sound basis is our official organ, the *Journal of the American Medical Association*. It should be and already has become the mouthpiece of the American medical profession. It depends for its support, not upon a wealthy publishing firm or drug house, but upon the profession upon which its existence and maintenance depend. It has only one object in view, the advancement of the science and art of medicine and surgery. Its editor is chosen not for his influence to secure a large subscription list, but for his abilities to manage the *Journal* for the benefit and betterment of the American profession; in other words, not so much for his business as literary attainments. The *Journal* has become a permanent institution. It has passed through the trial stage; it has become a power for good in the land. It required years of discussion, preambles and resolutions before the Association abolished the publication of its Transactions in volume form and decided to journalize its proceedings together with the papers read in the general and section sessions. The first suggestion to publish a journal was made by Dr. J. B. Flint of Kentucky, at the Richmond meeting, in 1852, who gave notice of a proposition to amend the Fifth Article of the Constitution, "So as to provide that, instead of the annual volume of Transactions, the Association may establish and maintain a quarterly journal to be a medium for the publication of the proceedings, and of the most valuable contributions of its members; an organ of resolute and impartial criticism, and an efficient exponent and advocate of the views of the Association on medical science, education and ethics."

It required years for this proposition to come into effect, and when finally, largely through the efforts of N. S. Davis, the Society voted to journalize its Transactions, many had serious doubts as to the ultimate outcome of the new enterprise. At the earnest solicitations of the Board of Trustees, Dr. Davis consented to become its first editor, and placed the *Journal* upon a sound basis. He was followed by J. H. Hollister and J. C. Culbertson,

both of whom labored earnestly and faithfully in the trying editorial chair.

The present editor, Prof. John B. Hamilton, assumed the responsibilities of the office with an ability and confidence born of thorough preparation and long practice. He took charge of the *Journal* at a time when it was in a critical condition. He was well prepared for the duties of this position by nature and education. His long and successful career as a public officer, his keen knowledge of human nature, his good judgment and power of discrimination, his classical education, his intimate acquaintance with the history of medicine and his long experience as a teacher of pathology and surgery, had amply prepared him to manage successfully and edit with ability the official organ of our Association. You are familiar with what he has accomplished. The number of subscribers has been increased three-fold, the *Journal* has been increased in size and greatly improved in quality. Under his editorial management it threatens to become in a few years a dangerous competitor to the *British Medical Journal*, which it will soon equal in the number of subscribers and perhaps in influence. The *Journal* deserves our undivided influence, as it is the organ which strengthens the Association and binds together in one great brotherhood its members, and its columns are largely devoted to the medical literature of our country, of which it has become its foremost exponent.

Correspondence.

Editor Medical Record of Mississippi:

My budget of news this month is, as usual, largely confined to society proceedings. The pathological has stimulated considerable enthusiasm and the writer has seen eight autopsies within a few weeks. The first was an aneurism of the abdominal aorta (sacculated) which had ruptured. The condition had been diagnosed during life, although it had been pronounced gastric carcinoma in St. Louis. The other cases were one of malarial meningitis, one of pernicious malaria, one of dysentery, one of syphilitic ulceration of the colon, one of cerebral abscess (diagnosed insanity somewhere), one of cerebral œdema due to chronic nephritis.

At the Pathological Society Dr. Smythe read a paper on "Kelvids," and Dr. Rice presented two pathological specimens, one on aneurism of the thoracic aorta, not recognized during life, another of gastric carcinoma.

The feature of the month was a general discussion on syphilis at the Memphis Medical, which was opened by Dr. C. Travis Drennan of Hot Springs. Dr. Drennan said that mercurialization of the gums was a very unsatisfactory sign of the effect of mercury, and related two illustrative cases, in one of which the smallest doses would salivate and the other was nearly killed with mercury without "touching the gums." An examination of blood for hemoglobin is made every five days and the dose which increases this constituent in the red corpuscles is the proper dose. The gums must be carefully looked after and hardened by astringents preliminary to the course of mercury.

The subject was discussed by Drs. Sale, Smythe, Krauss, Young, Ellett, Turner, Hill, Rice, Pincus, Frank, Jones and Goltman.

Dr. Goltman related a case of extra-genital chancre, one of cerebral syphilis, one of multiple cerebro-spinal syphilis, and one of urethral chancre. He dwelt upon the impossibility in most cases to make a positive diagnosis from the primary sore and the importance of deferring treatment until assured of a diagnosis. Drs. Young and Turner preferred iodide of potassium in the tertiary stage. Dr. Smythe dwelt upon the great wrong to the patient of using anti-syphilitic treatment when doubtful of a diagnosis. Dr. Krauss related a case of syphilis closely resembling chancreoid. He believed in blood examinations as an index of the effect of mercury, which drug he prefers in all stages.

Dr. Drennan closed the discussion and replied to the many questions put to him. "In nuclear palsies the effect of iodide is sometimes marvellous but only transient. It converts inflammatory exudate into scar tissue. Mercury has no dose; its dose is to be determined by blood examination. The reduced percentage of hemoglobin is almost pathognomonic of syphilis. I use mercury first, last and all the time. I prefer inunctions."

Memphis, Tenn.

Editorial.

H. H. HARALSON, M. D., - - - - - BILOXI, MISSISSIPPI.

Editor and Proprietor.

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MISSISSIPPI STATE MEDICAL ASSOCIATION.

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SEC. 7. Admission Cards may be issued by the officers of the Association with the obligation for the candidate's signature in the center and blank marginal spaces on the left and right margins for the signatures of the three members who recommend, and the three officers who admit the applicant to membership.

The above section was adopted in order to admit persons eligible to membership during vacation. Either of the above named officers will furnish, on application, the necessary card.

In this issue appears an advertisement of the Southern Medical College, Atlanta, Ga. This is one of the leading medical colleges of the South and students contemplating attending lectures the ensuing year will do well to communicate with the officers of this institution before going elsewhere.

* * *

Dr. T. G. McCallum, recently of Jasper County, is now in this city, where he will remain a few days and then leave for Cleburne, Tex., his future home. The doctor has just completed a law course at Lebanon, Tenn., and will practice this profession in his new home. His health was such that he could not undertake the practice of medicine after graduating with honor.

The doctor's father was well known in this State as a physician of skill and was one of the heroes who went down in the

terrible epidemic of yellow fever in 1878. The son was quite small then but with energy and perseverance he has pushed his way forward and while yet in his twenties has completed two professional courses. We bespeak for him much success in his new field.

.

Dr. T. T. Beall of Vicksburg, died at his home in that city, July 21, 1897; aged 64 years.

Dr. Beall had practiced his profession many years in Vicksburg and was one of its most esteemed physicians. He was, for a number of years, one of the most active members of the Mississippi State Medical Association. Some six years ago he was expelled from the Association for issuing a pamphlet in which he assailed the Association and some of its most prominent members. Two years ago Dr. Beall appeared before the Association, acknowledged that he had done wrong and asked to be reinstated in the Association, which was done, so when he died he was a member of the Mississippi State Medical Association, and in good standing.

Dr. Beall has doubtless been instrumental of much good in his profession as he possessed ability above the average physician.

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The Vanderbilt University, Medical Department, is regarded by the profession as one of the best equipped medical colleges of the day. Graduates from this college stand high in their profession. As evidence of their standing before the Mississippi State Board of Health in their examinations it is only necessary to state that not one of them failed before that Board at the last examination. When colleges learn to select good men as students, men with some literary training and then teach them, they will always find this to be the case.

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At the 108th Annual Session of the Delaware State Medical Society, held on June 8, 1897, the following officers were elected for the ensuing year: Dr. Peter W. Tomlinson of Wilmington, President; Dr. W. N. Pierce of Wilmington, Treasurer; Dr. Frank Belville, Permanent Secretary, Delaware City, New Castle County, Delaware.

Abstracts and Extracts.

HYOSCYAMINE FOR PARALYSIS AGITANS.—Dr. Chalmers of Chicago, it seems, recently made some favorable reports in the *New York Medical Journal* regarding the use of hyoscyamine in this heretofore *bête noir* of our profession. Since then, hyoscyamine has been coming to the front with promise of relief for this most troublesome and intractable disease. Even a temporary relief, as the *Medical Times*, July, 1897, well says, for this distressing condition, obtained without injury to the system, will be hailed with gratitude. The accumulating experience of the profession makes every case of well-marked paralysis agitans a sufficient warrant for a test of hyoscyamine. The case of a clergyman is cited whose shaking of the head and right upper and lower extremities had been on the increase for years. A drop of a solution of hydrobromide of hyoscyamine—two grains to the ounce—was dropped into the eye. In twenty minutes, the shaking had entirely ceased, and at the end of three-quarters of an hour speech was difficult, and the patient was unable to rise from his chair. This partial paralysis gradually disappeared—there being no return of the shaking for several hours. In this case, as in another, the use of one drop of a solution of one grain to the ounce was sufficient, applied at stated times, to keep the patient entirely comfortable.—*The Virginia Medical Semi-Monthly*.

Medical News and Miscellany.

FOR SALE IN MISSISSIPPI.—A two thousand dollar practice, seven room residence, all necessary outbuildings, a well of good water, 6 acres of land attached, in a growing railroad town with good church and school facilities. Address this office.

FOR SALE.—A practice worth \$2000. Desirable home, beautiful country, good people, large territory, safe pay. Two hundred and fifty dollars (\$250) will buy. For particulars, address MEDICAL RECORD OF MISSISSIPPI, Biloxi, Miss.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.—The next meeting of the Mississippi Valley Medical Association will be

held in Louisville, on October 5, 6, 7 and 8, 1897. All railroads will offer reduced rates. The President, Dr. Thos. Hunt Stucky, and the Chairman of the Committee of Arrangements, Dr. H. Horace Grant, promise that the meeting will be the most successful in the history of the Association, and this promise is warranted by the well known hospitality of Louisville and Kentucky doctors. Titles of papers should be sent to the Secretary, Dr. H. W. Loeb, 3559 Olive Street, St. Louis, Mo.

IMPERIAL GRANUM.—The following letter, just received by the Imperial Granum Company from the publisher of one of the most influential of American Medical journals, must certainly be most satisfactory to the manufacturers of that Sterling food preparation: "Beginning with the grip, I ended up with a severe attack of gastric fever. This gave me an excellent opportunity to test Imperial Granum, and I assure you it was a great pleasure to have something that was at once so pleasant to the taste, so nourishing, and so grateful to a delicate stomach. After being compelled to abstain from food for three or four days, I partook of the Imperial Granum quite freely, without the least disturbance of the stomach. As we have had much experience in dealing with delicate and sensitive stomach, we thought it very remarkable that any food should prove so nourishing and yet could be taken so freely under such circumstances. I was glad to have such an opportunity to test your food, and I shall always be glad to recommend it."

ILLINOIS COCAINE LAW.—The Illinois Legislature has recently enacted that it shall be unlawful for any person to sell or give away any preparation of cocaine except upon the prescription of a licensed physician or dentist, which prescription shall be filled only once. Of course, the wholesale of cocaine by a manufacturer or dealer is not prohibited if a label specifically setting forth the proportion of cocaine contained in any preparation is affixed to the bottle or package. Violators of the law, for the first offense, shall be fined not less than \$10, nor more than \$50; but for each subsequent offense, the fine shall not be less than \$15, nor more than \$200, or imprisonment in the county jail not exceeding thirty days, or either or both, in the discretion of the court.

ULCERATIVE CONDITION.—Dr. R. H. Baylor, Stewart, Tenn., in reporting his experience with Sennine as an Antiseptic and germicide dressing, as well as stimulating healthy granulations on an ulcerative surface, says: "There is nothing further desired in the Antiseptic line," and he has accomplished pre-eminently satisfactory results in ulcerative conditions where everything else had failed. Sennine is easily applied, a clean dressing and permanent relief in a short time.

An Army Medical Board will be in session at Washington City, D. C., during October, 1897, for the examination of candidates for appointment to the Medical corps of the United States Army, to fill existing vacancies. Persons desiring to present themselves for examination by the Board will make application to Secretary of War, before September 1, 1897, for the necessary invitation, giving the date and place of birth, the place and State of permanent residence, the fact of American citizenship, the name of the medical college from which they were graduated, and a record of service in hospital, if any, from the authorities thereof. The application should be accompanied by certificates based on personal acquaintance, from at least two reputable persons, as to his citizenship, character, and habits. The candidate must be between 22 and 29 years of age, and a graduate from a Regular Medical College, as evidence of which, his Diploma must be submitted to the Board. Successful candidates at the coming examination will be given a course of instruction at the next session of the Army Medical School, beginning November 1, 1897. Further information regarding the examinations may be obtained by addressing the Surgeon General, U. S. Army, Washington, D. C.—Geo. M. Sternberg, Surgeon General, U. S. Army.

IT QUIETS PAIN AND PROMOTES IT.—Rather a paradoxical statement. True, nevertheless. When pain is useless, then Antikamnia quiets it; when it is necessary, the same remedy increases it. This refers to the use of Antikamnia in the pains of labor and as a promoter of labor pains.

H. C. Reemsnyder, A. M., M. D., of Philadelphia, in a recent article says that whenever there is unnecessary pain in labor he administers ten grains of Antikamnia, repeated in two hours, if necessary. In this way the pain which annoys the woman with-

out helping her is relieved, while the uterine contractions become more firm and labor is accelerated.

Dr. R. B. McCall, Hamersville, Ohio, contributes an article to the *Woman's Medical Journal* on this same subject. He says: "In cases marked by unusual suffering in second stage, pains of nagging sort, frequent or separated by prolonged intervals, accompanied by nervous rigors and mental forebodings, one or two doses, five grains each, of Antikamnia tablets promptly change all this. Indeed in any case of labor small doses are helpful, confirming efforts of nature and shortening duration of process."

Dr. D. S. Humphreys, formerly of Erwin, and Corresponding Secretary of the Mississippi State Medical Association, has moved to Greenwood and formed a partnership with Dr. T. R. Henderson, Ex-Vice-President of the Association. Both these gentlemen are well and favorably known throughout the State and a stronger firm of physicians does not exist within its confines.

A NEW PACKAGE:

Fairchild's Essence of Pepsine.

For the convenience of prescribers—in response to expressed wishes, **Fairchild's Essence of Pepsine** is now offered in

4-oz. vials, retail price, fifty cents.

We regret that experience constrains us to warn physicians against fraudulent and inferior imitations of this preparation, which, under cover of prescription, are foisted upon the patient. The prescriber is therefore respectfully requested, in case of any failure in result or dissatisfaction, to examine the fluid dispensed.

FAIRCHILD BROS. & FOSTER, New York.

MEDICAL RECORD —OF— MISSISSIPPI.

VOL. I.

SEPTEMBER, 1897.

NO. 6.

Original Articles.

An Unusual Case of Obstetrics.

BY E. L. MCGEHEE, M. D., NEW ORLEANS.

Mrs. W., primipara, of good family history, 38 years of age. She had been a slender, frail child, whose muscular and bony development did not keep pace with her nervous and mental growth. Though she had auburn hair, blue eyes, fair complexion, thin skin, and was high strung and impressible, she had unusual command of herself and the harmonious action of each organ was so exact that she was, paradoxically speaking, abnormally normal. Her digestion was phenomenal. She menstruated with the precision of an almanac, without pain, and with a uniform amount. Two years ago she married a scholar known to the scientific world. Up to that time her life had been active, as she taught the teachers chemistry in Virginia, made valuable contributions to literary journals and managed successfully her father's business. Having graduated M. A., at the head of her class, in one of the largest co educational universities in the United States.

After marriage she took on flesh rapidly, with nothing to do but enjoy the comforts and tempting meals of a luxuriant boarding house and enjoy the scientific studies of her husband and literary works that her taste suggested. Though equally familiar with four languages, she had no conception of conception. In March, 1896, the writer was asked to explain the strange men-

strual period which had been delayed four months. (The first irregularity). We found the funis protruding from the vulva.

From this abortion she recovered promptly and passed from my professional care until February of 1897. Her husband stated that on the 27th of April his wife would be confined. Several tests were made of the urine during last months of gestation. Not a trace of albumen was present; no headache; feet not swollen; no constipation. Her almost unnatural appetite, especially for meat, was indulged freely, resulting in greater increase of flesh and red corpuscles.

About 2 o'clock a. m., May 25th, I was summoned to her and was informed that about one hour before she was awakened by a gush of water passing from her vagina. Notwithstanding she had passed some mucuous clots the day before she had not experienced the slightest pain and had been normally active that day with her domestic affairs.

An examination revealed the fact that the os was dilated sufficient to admit the index finger; the bag had ruptured; head presenting in L. O. A., and contraction feeble at about 15 or 20 minutes interval. Leaving the nurse to watch the patient, I assured the friends it would be hours before the labor terminated. At varying intervals I would call and notice progress in this slow, tedious case. The patient nourished fairly; bowels and bladder were evacuated three times during the day and she slept between pains. The absence of that water wedge, for obvious reasons, made the contraction more painful and less effectual. Though the bones of the head were nicely moulded, the os dilated, head descended so as to no longer press the cervix against the bones of the firm pelvis, but bulged the perineum at each contraction. At this stage complete inertia uteri came on and delivery could only be completed with forceps. The demands of the child apparently more urgently called for instrumental interference than did the mother's condition. The operation was performed satisfactorily and when the mother awoke from the anæsthetic, a fine boy was lying by her side. As usual, in forceps cases, the perineum was torn. This small rent was repaired at once. The womb contracted down nicely and though the mother was quite exhausted by the long second stage, she was nervous and wakeful. Yet she took liquid nourishment, there was no nausea the first day; no pain, but many expressions of happiness in the possession of her first offspring.

We enjoined quiet, liquid nourishment, vaginal douch every six hours of carbonated water.

The baby was born on the night of the 25th, or early morning of the 26th, about 26 hours after the first recognized symptoms of labor. At 8 a. m., the clinical chart, which was kept by an intelligent, faithful and trained nurse, shows that the patient took four ounces of milk; her pulse, temperature and respiration were not recorded then, but at 11 o'clock, 8 hours after delivery, when she took same quantity of milk again, her temperature was $100\frac{1}{2}$, pulse 95, and respiration 24. She was catheterized at regular intervals and the usual amount of normal urine was excreted. She took chicken broth at 1 p. m. and the record says "she rested before and afternoon; enjoyed the baby, but did not sleep."

Please observe that the respiration is $\frac{1}{3}$ too frequent the first time it is recorded after labor, and the pulse is 95 per minute. Milk was taken at regular intervals and at 9 o'clock p. m. the flow seemed a little free and a drachm of Squibb's fluid extract ergot was given. Though this was according to instructions given just after labor, I regret this dose and would rather have douched with hot water to have checked the fluid, for more than once we have thought that insomnia was produced by ergot. In this case the restlessness may have had another cause. The record then states: "Did not rest at all during night; seemed very nervous and restless without any particular pain." This was a significant symptom. Respiration still faster, 26 per minute, and pulse 100 per minute, though temperature is lowest. About 26 ounces of milk was taken and retained during night. Eleven o'clock a. m., 27th, temperature $99\frac{1}{2}$, pulse 90, respiration 29. Was more calm and comfortable in forenoon and slept about four hours after daylight. The irregularity of pulse was a marked symptom; part of the time the rate would be 75 or 80 and suddenly change to 125 or 130 per minute, frequently making change when she was perfectly still. Such as we see in ex-optalmic goitre. At 12:30 a. m., the record says, "she vomited without much nausea, 24 hours after labor; in about 20 minutes she vomited again curdled milk; gave a little lime water; pulse irregular; 2 p. m., temperature $99\frac{1}{2}$, pulse 110, respiration 28." Though she slept at intervals the irregularity of pulse increased, notwithstanding 10 drop doses of digitalis that was administered every four hours. She spent another restless night, though 15

grains of potassium bromide and 5 grains of chloral was given at 9 o'clock and at 12 o'clock. At 6 a. m. on third day, temperature was $98\frac{1}{2}$, pulse 80, respiration 24, and she slept some in forenoon. The only complaint of the patient was the lack of food. When I made the morning visit, about 10 o'clock, all seemed propitious.

One grain doses of mild chloride of mercury and same of soda were given every two hours to relieve nausea. About 1 o'clock p. m. she awoke in an unconscious condition and pulse became more rapid and more irregular than before. A consultation with one of the leading physicians of this city, Dr. C. J. Beckham, whom all delight to honor, was held. No evidence of uremia or septicemia could be detected. Temperature was $98\frac{1}{2}$, pulse 108, respiration 30; lochia normal, delirium persistent, lungs clear, heart sounds normal as to rhythm, but not distinct.

Hoping that the symptoms were due to nerve exhaustion, yet fearing cardiac trouble, the anodyne was repeated in larger doses, hoping that the nervous equilibrium and inhibitory function of pneumogastric might be restored by rest, and one-half grain doses of calomel and soda were given every two hours to relieve nausea, as there had been no action since the birth of child. At 9:30 p. m. 28th, temperature $98\frac{1}{2}$, pulse 128, respiration 38, though the medicines and nourishment, milk and Ducros' extract of beef, were retained. The delirium gave way to coma. Veins of neck and face became swollen and pulse and respiration became more rapid and ineffectual until death closed the scene at 4 o'clock a. m., May 29, seventy-two hours after labor.

What was the cause of death? What was the cause of this untimely death? We believe it was a cardiac thrombus, due primarily to an increased plasticity of the blood, which was brought about by increased fibrin factors, the result of too liberal indulgence in nutritious food.

Secondarily, this heart clot was favored by nervous exhaustion, resulting from a protracted labor, due to early escape of water, which caused a prolonged painful second stage, and the "firmly set" pelvis as we always expect in primiparías of thirty-eight years.

Cardiac thrombosis may be in one or more of the cardiac cavities, and it may be formed 1, during life when the patient enjoys apparently good health and strength; 2, toward the ter-

mination of life when the forces are depressed, when life ebbs low; 3, after death.

The post-mortem clots can be distinguished from the two other varieties and are only interesting for their physical characters. Coagulation of blood is a complex problem. The globulin acts upon the fibrinogenous material causing a precipitation. Many theories seek to explain it.

Among the causes that influence the formation of cardiac concretions, anything which slows the current of blood through the heart, also that which augments the quantity of fibrin in the blood, any badly defined lesion of the pneumogastric nerve, pulse-rate 80-125. Every change which weakens the contractile power of the heart is a predisposing cause of cardiac thrombosis. Though much fat had been accumulated within the past two years there was no appreciated sign of fatty degeneration of heart. We certainly find heart clot at times when there is no cardiac alteration, but when the heart's contraction is weakened and the condition of the blood favor coagulation it may be a nervous affection or depression which is accompanied with slowing of the circulation. All lesions of the pneumogastric nerves act in this direction. This was manifest by irregular pulse, 80-120, some months; rapid respiration, 30 per minute; nausea, indifference toward the child that she was so delighted with, and insomnia, all these nervous symptoms appeared on second day. Experiments of Meyer, of Boun, of Longet and of Blondet produced fibrinous concretions in the heart of animals by tying or cutting the pneumogastric nerves. At the same time the heart beats became rapid, wavering and unequal.

All concretions do not form as rapidly, nor are they of same size; it may be a few hours, or days and even weeks before the concretion is large enough to stop the heart's contraction. Thus we see all diseases and conditions that produce great and sudden exhaustion of the vital powers tend to produce fibrinous coagulation in the heart; it is essential that the condition of the blood which favor it be present. For if the disease diminish the plasticity of the blood it diminishes the probability of clot.

The pulse of one patient had been previously regular, strong and full; suddenly became so anomalous, confused and irregular. The sounds of the heart remained normal, yet the sounds were not so clear, though we did not try to discriminate between the sounds of the right and left heart. Surely there was no blow-

ing murmur as has been observed by Richardson, Walshe and Flint. The pulsations became more regular at times, but steadily grew feebler and more rapid.

Some hours before death there was an edematous condition of her face and neck, especially on right side of body, and turgid condition of veins of neck and of right arm which would indicate that the cardiac thrombus was present in the right side. Notwithstanding these symptoms cyanosis was very limited. The symptoms that appeared constantly to increase until the last moments were those of syncope rather than of asphyxia.

Difficulty of breathing requiring 30 respiration per minute were noticed thirty six hours after labor, vesicular murmur clear, the patient was restless, agitated, unable to sleep and change her position on the pillow frequently, scarcely remain quiet for a few minutes.

Her moments of repose were frequent but very temporary. About noon of the third day a delirium came on, it was about twenty-four hours previous when she seemed to lose interest in her child. Occasional vomiting occurred on the third day after labor. The puerperal condition, we know, is a predisposing cause of an excessive relative amount of fibrin factors.

Coagulation of the blood has received a very great amount of patient study, and still there seems to be much obscurity. Says Dr. Pepper: "Fibrin does not exist as much in the blood, but is formed by a union of certain other substances. These seem to be fibrinogen, a substance found in the plasma of the blood, and fibrinoplastin found in the white corpuscles, the whole stimulated by a ferment also found in the white corpuscles. In inflammations the blood contains an excessive amount of the fibrin factors and therefore the blood readily coagulates. Much importance was formerly attached to the rapidity of coagulation, but to-day little, perhaps too little, is thought of the coagulability of blood." In pneumonia, which is an inflammatory disease, the heart failure is often due to heart clots. How frequently we see the strong, plethoric, full-blooded man succumb, and the weak, anemic woman weathers the storm.

If the foregoing be correct, and it appears to be a rational conclusion, borne out by clinical facts, then the indications are clear that during gestation heat and force producing foods—starches and fats—are indicated and the tissue building proteids or albuminoids should not be abundantly appropriated.

Report of Two Cases.

BY E. P. JONES, M. D., HERMANVILLE, MISS.

CASE I—Fracture—Oliver M., aged 9 years. During April last fell from an embankment and sustained a simple fracture of the external condyle of the humerus. Four hours afterward, under anaesthesia, the fracture was reduced, the forearm fixed in a semi-prone position and at right angles. Cotton wool padding and light splints were used, the arm was bandaged from the base of the fingers to the axilla and made immovable by salicate of soda. The elbow being in a state of perfect fixation, the dressing was allowed to remain twenty-two days. On its removal there was found to be but little soreness and slight deformity, while the joint motion was almost perfect. At the present time, three months after injury was sustained, there is no deformity and joint motion is perfect. There is no perceptible loss of carrying function.

It has been demonstrated that fractures into and near joints, where correctly reduced and made immovable, recover quicker and with more perfect function and less deformity than under the old method when passive motion was early and assiduously practiced. Perfect rest is the great essential as in other fractures.

CASE II—Infective Arteo-Myelitis—David P., aged 7 years, family history good. About the 1st of July, 1894, complained of pain in the right leg below and near the knee-joint. His parents supposed it was due to a fall he had received several days previously, though there had been no reason before to suspect any injury of the leg. The pain rapidly increased and on July 5th, I saw the patient. At that time there was considerable swelling and redness along the entire course of the tibia and extending into the knee. Pain was intense, increased by the slightest motion of the leg, temperature 103.2-5 degs. Fahr., pulse 144. No fluctuation was perceptible, there was great oedema of the skin and cellular tissue. Free incisions were made down to the tibia and about an half ounce of thin pus discharged. I could not determine that the periosteum was damaged beyond repair, so through antiseptic measures were adopted and the pus discharge soon ceased. In two weeks the wounds had granulated and healed nicely. The boy's temperature and pulse improved, but at no time were normal. He still had occasional severe pain in

the knee-joint and along the tibia. Eighteen days after the incisions were made his temperature rose to 104 degs., pulse 152, body bathed in perspiration, tongue deeply furred. The knee was immensely swollen and the leg along the anterior surface of the tibia showed fluctuating points. Next day, assisted by my friend, Dr. Leggett, an incision was made along the course of and down to the tibia. The bone was found necrosed and denuded of periosteum from the epiphyses at the knee to the epiphyseal line at the ankle joint. It was cut in two and each end readily removed, along with some small bone fragments. The medullary cavity was filled with pus, not a particle of bone tissue was left in the space indicated. The wound was antiseptically cleansed, packed and dressed. Next day the dressing was reapplied, the temperature normal and pulse good. His appetite improved at once and five weeks afterward, when we discharged him, he was stout and florrid; granulations had filled the wound and bone cavity, and he was able to go about on crutches. Of course, the leg was kept extended those five weeks. Three years afterward, as I write, the boy is strong and healthy, has a new tibia a little larger than the original, no perceptible shortening, and can walk and run as well as ever.

Some Statistics.*

BY E. A. CHEEK, M. D., ARCOLA, MISS.

At the last meeting of our Association I read a paper on "Climate," compared as best I could the climate of the delta with that of the hill counties of this State, and in conclusion gave as an opinion "that in sending a patient from Arcola to be benefited by climate would send them to the coast where they would get the benefit of sea breeze or send them out of the State." Since that time I have been trying to gather some statistics comparing the death rate of the delta with that of the hill counties of this State during the past three years.

The plan I have adopted to gather statistics, is to get the death rate of all the churches, lodges, life insurance companies and other organized bodies of the delta and compare with similar organizations in the hills. I have found that to be rather a tedious undertaking and required more time and work than I at first

*Read before the Delta Medical Association, May, 1897.

expected. In order to get the data from the various churches it has been necessary for me to write to nearly every minister in the delta, some required two letters from me, some did not reply at all, that, together with the mail supply being cut off by the overflow, makes my report about half what it ought to be or half what I think I could have made it. Although very incomplete will give you what I have.

Belonging to the Methodist church in the delta I have collected for 1894 856 members and 13 deaths, a death rate of 1.51. In the hill counties for the same year I collected 3266 members and 45 deaths, a death rate of 1.37.

No. members in delta year 1895, 1267; No. deaths in delta year 1895, 16; death rate, 1.25.

No. members in hills year 1895, 3541; No. deaths in hills year 1895, 48; death rate, 1.32.

No. members in delta year 1896, 1908; No. deaths in delta year 1896, 20; death rate, 1.66.

BAPTIST CHURCH.

No. members in delta year 1894, 382; No. deaths in delta year 1894, 6; death rate, 1.57.

No. members in hills year 1894, 5867; No. deaths in hills year 1894, 52; death rate, .88.

No. members in delta year 1895, 1056; No. deaths in delta year 1895, 13; death rate, 1.23.

No. members in hills year 1895, 3141; No. deaths in hills year 1895, 32; death rate, 1.01.

No. members in delta year 1896, 464; No. deaths in delta year 1896, 15; death rate, 3.21.

No. members in hills year 1896, 5051; No. deaths in hills year 1896, 77; death rate, 1.52.

EPISCOPAL CHURCH.

No. members in delta year 1895, 380; No. deaths in delta year 1895, 7; death rate, 1.84.

No. members in hills year 1895, 3542; No. deaths in hills year 1895, 140; death rate, 3.95.

No. members in delta year 1896, 259; No. deaths in delta year 1896, 5; death rate, 1.93.

No. members in hills year 1896, 3179; No. deaths in hills year 1896, 123; death rate, 3.24.

JEWISH CHURCH.

No. members in delta year 1894, 92; No. deaths in delta year 1894, 2; death rate, 2.17.

No. members in hills year 1894, 93; No. deaths in hills year 1894, 0; death rate, —.

No. members in delta year 1895, 94; No. deaths in delta year 1895, 1; death rate, 1.06.

No. members in hills year 1895, 98; No. deaths in hills year 1895, 2; death rate, 2.04.

No. members in delta year 1896, 94; No. deaths in delta year 1896, 1; death rate, 1.06.

No. members in hills year 1896, 182; No. deaths in hills year 1896, 2; death rate, 1.96.

PRESBYTERIAN CHURCH.

No. members in delta year 1894, 187; No. deaths in delta year 1894, 4; death rate, .13.

No. members in hills year 1894, 545; No. deaths in hills year 1894, 4; death rate, .74.

No. members in delta year 1895, 204; No. deaths in delta year 1895, 1; death rate, .49.

No. members in hills year 1895, 565; No. deaths in hills year 1895, 6; death rate, 1.05.

No. members in delta year 1896, 231; No. deaths in delta year 1896, 2; death rate, .86.

No. members in hills year 1896, 596; No. deaths in hills year 1896, 9; death rate, 1.51.

TOTAL MEMBERSHIP OF ALL CHURCHES.

No. members in delta year 1894, 1517; No. deaths in delta year 1894, 25; death rate, 1.64.

No. members in hills year 1894, 9771; No. deaths in hills year 1894, 101; death rate, 1.03.

No. members in delta year 1895, 2795; No. deaths in delta year 1895, 37; death rate, 1.32.

No. members in hills year 1895, 10,322; No. deaths in hills year 1895, 222; death rate, 2.15.

No. members in delta year 1896, 2959; No. deaths in delta year 1896, 43; death rate, 1.45.

No. members in hills year 1896, 13,550; No. deaths in hills year 1896, 283; death rate, 2.05.

MASONIC ORDER.

No. members in delta year 1894, 621; No. deaths in delta year 1894, 12; death rate, 1.93.

No. members in hills year 1894, 8027; No. deaths in hills year 1894, 155; death rate, 1.93.

No. members in delta year 1895, 628; No. deaths in delta year 1895, 18; death rate, 2.54.

No. members in hills year 1895, 7990; No. deaths in hills year 1895, 152; death rate, 1.90.

No. members in delta year 1896, 645; No. deaths in delta year 1896, 16; death rate, 2.48.

No. members in hills year 1896, 8074; No. deaths in hills year 1896, 177; death rate, 2.19.

ODD FELLOWS.

No. members in delta year 1894, 96; No. deaths in delta year 1894, 0; death rate, —.

No. members in hills year 1894, 1502; No. deaths in hills year 1894, 19; death rate, 1.25.

No. members in delta year 1895, 146; No. deaths in delta year 1895, 1; death rate, .61.

No. members in hills year 1895, 1470; No. deaths in hills year 1896, 14; death rate, .90.

No. members in delta year 1896, 143; No. deaths in delta year 1896, 4; death rate, 2.72.

No. members in hills year 1896, 1437; No. deaths in hills year 1896, 25; death rate, 1.73.

Have not yet been able to get a report from the Knights of Honor, Knights of Pythias and Woodmen of the World; also failed to get a report from the Catholic Church and from any of the life insurance companies.

Pinto or Overo.

By H. M. FOLKES, M. D., CAT ISLAND.

Most frequent in the *tiena caliente*, often seen in the *templada*, and very rare in the *tieno frio*, pinto is a condition extremely full of interest. Its habitat is from about the upper fourth of Mexico down on into the lower regions of South America, having its strongest foothold on the Pacific side. There are

many towns in Mexico especially, where every inhabitant is affected. The State of Guerrero has thousands of these pintos, and herein lies a very interesting phase as to causation.

As to its etiology, I must confess that I am not in a position to state with exactness. I really believe this to be the point of greatest interest in the disease. My study of numerous cases, both by personal observation and careful investigation of history both from patient and friends, has not been sufficient to clear up the doubts.

I have discussed the subject in all its phases with intelligent white men who have lived in these countries for years, and I find among them most divergent views as to cause. It is held by many to be a stage or type of syphilis, while others as strenuously assert it to be due to atmospheric conditions resulting from certain vegetable growth. Again, some claim leprosy as being at the bottom of the trouble; some there are who attribute it solely to diet.

Be all this as it may, the disease is widespread, not confined to natives; can be acquired by long cohabitation, and rarely appears before puberty in those who live in districts where it is most prevalent, as in the State of Guerrero.

There are two types of overo, the pink and the blue. The pink after a while gradually shades to a pinkish white, while the blue retains its accustomed hue.

The microscopic appearances of the pink and pinkish white, beyond their color, remind one of the scars of burn, and have an oily look and feel. Careful examination with the microscope failed to reveal micro-organisms in scrapings. Was never able to obtain a section of the entire skin, so as to changes in the deeper layers I will not speak.

Now the blue form has an angrier appearance, being deep in color and frequently presenting numerous papules ranging from one to two millimeters in diameter.

The primary location of either type is, as a general thing, the neck; the hands and chest, however, being close seconds. A spot ranging from one-half to one centimeter makes its appearance and gradually grows; if on the chest or neck more than one is not apt to develop, whilst if on the hands numerous patches indicate its arrival and these gradually grow until ultimately they coalesce. I have seen some hands completely covered.

The pink and its compound present no symptoms outside of

the oily feel, while the blue is attended with intense itching at times. The papules before spoken of no doubt being in large measure due to scratching consequent upon this itching, for as a general thing the skin is smooth quite a while subsequent to its onset.

In regard to treatment there is not much to be said. I have experimented in various drugs, basing their usage on the different hypothesis before mentioned, but am free to confess that little good has been produced, though have at times mitigated and in some instances completely conquered the itching, yet I believe it will return on ceasing to use the remedy.

In many diseases in this country I have thought it advisable to learn the treatment followed by the natives, but must say that in nearly every disease their ideas are so crude and absurd as to be worthy of no note whatever.

In this particular trouble they place great reliance on mercurial ointment, keeping the spot well greased. However, I have seen no good from its use.

In Tehautepec there is an English physician who claims to be able to cure it if seen when it first appears. If this be true, it is utterly at variance with what both myself and the German physicians of Colon were ever able to do. In fact they go so far as to claim it incurable. Though it seems to me as it never affects the general health that it should be susceptible to cure.

Albuminuric Retinitis; Its Value as a Diagnostic and Prognostic Sign.

BY E. C. ELLETT, M. D., MEMPHIS.

Ophthalmic and Aural Surgeon to St. Joseph's Hospital; Ophthalmic and Aural Surgeon to the Children's Home, Memphis, Tenn; Formerly House Surgeon to St. Agnes Hospital, and Will's Eye Hospital, Philadelphia.

To the physician engaged in the treatment of the so-called general disorders, the eye offers an opportunity which should be more assiduously cultivated, to ascertain, by direct inspection of the blood vessels, both veins and arteries, and of a large nerve trunk and its expansion (under a magnification of 14 to 20 diameters), the condition of these structures, which can otherwise be judged of, in part at least, only by inference.

Ophthalmoscopy is not a difficult art, and well repays the time spent in its cultivation. Elaborate instruments are not ne-

cessary. A strip of looking glass the length and width of ones finger, bound at one end with adhesive plaster to protect its sharp edges, and with the coating scraped from its back to make a sight hole four millimeters in diameter, half an inch from the end, will make an ophthalmoscope which for most purposes is as serviceable as any of the expensive products of the instrument maker. To make clear just what this is, I pass around such an implement.

To come now to my subject proper, I want to call your attention to what a great practical aid in the diagnosis of systemic diseases this examination often becomes, and incidentally in this connection, to say something of the prognostic value of the particular eye affection of which I purpose to speak.

In the large majority of cases of chronic Bright's disease there is a secondary inflammation of the retina, the so-called "albuminuric retinitis." No form of kidney lesion accompanied by albuminuria is free from its attendance, though, as you would expect, it is more common in the cirrhotic kidney, just as implication of the whole arterial tree is more common in this than the other forms of Bright's disease. The failure of vision which it causes may be the first symptom which attracts the patient's attention, and for which he seeks advice.

I will mention four cases, in two of which this condition of affairs was found, *i. e.*, failing vision as the first sign of Bright's disease; in the other two the presence of this peculiar form of inflammation was the feature which led to the establishment of the diagnosis in somewhat obscure cases.

CASE I.—A man of 35 consulted me in regard to failing vision. He was a collector and was on his feet all day and every day. He considered himself absolutely healthy, except for the vision, which had failed in the last two or three weeks. The ophthalmoscopic picture, while not what we look upon as the characteristic appearance of albuminuric retinitis was highly suggestive, and an examination of the urine showed abundant albumin and granular casts, characteristic of chronic catarrhal nephritis.

I again questioned him carefully as to general symptoms, but could not elicit a single one. He was referred to his physician for treatment and came to see me again in two weeks. He then showed well marked kidney symptoms, *viz*: Dyspnoea, oedema and some headache. Two weeks later there was in addi-

tion to these vertigo, occipital pain and a urinous odor to the breath. I did not see him again and he died soon afterward.

CASE II.—Was a man of 25 whom I saw on March 16, 1897. In December, 1896, he had gonorrhœa, and with it a mild conjunctivitis which was probably not of gonorrhœal origin. Since that time his sight has been slowly failing, till now he can only count fingers at a distance of six feet with each eye. He has some dyspnœa, facial œdema and dizziness, but can not be said to complain of them, as he only mentioned them on close direct questioning. The œdema was marked enough to be noticeable on inspection.

On looking into his eyes I found the characteristic appearance of albuminuric retinitis, and I will briefly describe the eye ground since it is typical. There was inflammation of the optic nerves, the blood vessels were tortuous, and at intervals obscured in their course by hemorrhages and inflammatory exudations. The former were flame shaped and generally lying with their long diameters pointing toward the optic nerve, this arrangement being due to the fact that they lay in the nerve fibre layer of the retina. For the same reason the exudative deposits were similarly shaped and placed, but not so markedly regular. The eye grounds looked as if they had been spattered with a whitewash brush, this homely simile well illustrating the color, shape and arrangement of the inflammatory deposits. The characteristic appearance was in the region of the macula lutea. The deposits here arranged themselves like the spokes of a wheel around the macula as a center, and this arrangement with their glistening whiteness is the characteristic appearance of the retinal inflammation of albuminuria. That is not always present is instanced by cases 1 and 4.

Dr. Goltman kindly examined the urine of the patient and found abundant albumin and a few hyaline casts. He was put on milk diet and rest in bed, and was to report in ten days, but he failed to return nor have we been able to trace him. The case was of further interest by reason of the possible gonorrhœal origin of the nephritis.

CASE III.—This case is probably the most interesting of all four. In March, 1896, I saw, in consultation with two physicians, a young man of 22, who gave the following history: For some months he had had violent occipital headache, worse on any exertion, and when I saw him he was confined to bed, the

pain preventing him from sitting up. He had frequent nausea and vomiting, and was growing progressively weaker. It was to give an opinion as to a possible brain tumor that I was asked to see him. I might add that there were no focal symptoms and that his urine was reported normal.

I could not test his vision accurately as he was in bed, but it was much impaired. The pupils were of normal size, equal and regular in action. The eye ground showed almost the same picture as in case 2, the appearance at the macula being especially well marked in the right eye. I gave an unequivocal diagnosis of nephritis and a fatal prognosis. The urine was again examined by one of the attendants and reported to me as normal. Insisting that I could not be mistaken I had a third examination made, finding this time both albumen and granular casts. The fatal termination was not long deferred.

This case shows well a point that most of us have, at some time, had forcibly brought home to us, not to pass on the condition of the kidneys on one examination of the urine. It has happened to me more than once that repeated examination failed to show albumen, and only after careful search of many specimens could I find casts.

CASE IV.—In August, 1896, Mr. G. came to me with the following note from Dr. John Maury:

"*Dear Doctor:*—This man has a specific gravity of 1001 to 1006, and has had constant headache for some time. He passes a large quantity of non-albuminous urine, has a peculiar odor to his breath and an eye trouble which I wish you to investigate.

"Yours, etc.,

J. H. MAURY."

In addition to the above symptoms I found that he had been passing large quantities of urine for several years. The pain in his occiput was almost constant and he had some pain in the back as well.

The vision in this case was hardly impaired. I found the edges of the nasal half of the optic nerve obscured and numerous punctate glistening spots in the macular region. The right eye was normal.

My diagnosis was confirmed by the subsequent appearance of albumen in the urine. His condition has remained about the same as to general health, thanks to Dr. Maury's careful treatment.

The eye grounds are now the same and last week in my

presence he passed some pale non-albuminous urine, which contained a few hyaline and pale granular casts. Except to assume a waxy look he has not changed any in general appearance since August.

I think I have made my point then as to the diagnostic value of retinitis in Bright's disease. It remains to speak of its prognostic significance. This is briefly, that as a general rule patients do not survive the appearance of albuminuric retinitis longer than eighteen months. Of course there are exceptions to this as to all other rules in medicine.

In the *Journal of the American Medical Association* of November 2, 1895, Belt publishes a table of 419 cases compiled from the practices of various ophthalmologists in this country. I will conclude by quoting from this article.

"Enough cases were reported to show that the duration of life is longer among private patients, and that renal affection is immediately influenced by hygienic surroundings. However, the number of cases surviving two years was disappointively low, and the consensus of opinion seems to be that nearly all prove fatal in less than two years.

"From all the statistics I have been able to find, we get the following results: Cases in private practice, 155; of these 62 per cent. died within one year, 85 per cent. in two years, and 14 per cent. lived more than two years.

"Hospital cases, 77; of these 85 per cent. died within one year, 93 per cent. in two years, and 6 per cent. lived more than two years.

"Mixed cases, 187; of these 65 per cent. died within one year, 90 per cent. within two years, and 6 per cent. lived more than two years.

"Total number of cases, 419; of these 72 per cent. died within one year, 90 per cent. within two years, and 9 per cent. lived more than two years."

Report of a Case of Vesical Calculus.

By L. SEXTON, M. D., NEW ORLEANS, LA.

Having recently removed a vesical calculus weighing 740 grains from a child 5 years old, I thought a short report of the case would be of interest to the readers of the RECORD, especi-

ally as the case made a splendid recovery. About one month ago the child was brought from its home, Amite City, La., to my office. The great pain he was suffering from, constant desire to urinate, kept him walking the floor constantly with his privates firmly grasped in his hand. Large doses of bromide, chloral and even morphine failed to make him rest at night when these paroxysms came on. I at once suspected stone in the bladder, had him carried to the New Orleans Sanitarium, had him anaesthetized and at once touched the stone upon the introduction of small sound. I had the bowels and bladder thoroughly washed out, inserted a long tampon of sterilized gauze into rectum well above the sphincter ani, in order not so much to push the bladder up, as to steady it during the operation. The bladder in children is an abdominal organ, hence it is not so necessary to distend the rectum in operating upon them for stone as it is in grown up people.

About three ounces of boracic acid solution was injected and retained in the bladder by tying a rubber band around the penis. After antiseptic preparation I made about a two-inch incision in the median line, beginning about half an inch below the symphysis pubis and extending upward in the median line for one and a half inches. I cut down through recti muscle until I came to the prevesical fat, which was pushed up by the fingers to get the bladder exposed. A couple of strong silk ligatures were passed through the bladder wall in order to steady it, an inch incision was made into the viscus between these two ligatures, the finger was inserted into the bladder to guide the forceps which were to extract the stone. I found it so large that I had to have Dr. LeBoeuf, my assistant, to enlarge the opening in order to extract the stone. There was considerable hemorrhage from veins and arteries just overlying the bladder; this was checked by packing with sterilized gauze and pressure. After the stone was removed the bladder was thoroughly washed out and its walls stitched to the abdominal wall so as to prevent urinary infiltration. No sewing in of drainage tube or packing the wound was attempted. A piece of iodoform gauze covered by an abundance of absorbent gauze with T. bandage completed the dressing. The hips, buttocks and all portions of the skin exposed to the escaping urine were kept covered with vaseline or oxide zinc ointment. Apropos, draining the bladder, I believe it better for the patient that none be attempted. A rubber cathe-

ter sewed into the bladder acts as a foreign body, keeps up an irritation. I can not see any good that it does. Twenty-four sterilized old soft towels daily or an abundance of absorbent gauze to absorb the urine as soon as it escapes serves a better purpose than any other plan I have seen tried.

A month has elapsed since the operation and only a small urinary fistula is left which will soon close up by occasionally touching it with nitrate of silver and drawing it together by adhesive straps. Though this stone must have been forming in this child's bladder from infancy, the symptoms of vesical calculus were sometimes absent for thirty days, showing how an internal viscus can accustom itself to a foreign body; any rough riding or violent exercise would set up a cystitis however. The stone was oblong and rough, about the shape but double the size of a large pecan. It was composed of phosphates, oxalates and urates, and perhaps had uric acid crystal from the pelvis of the kidney as a nucleus. Eating albuminous food, drinking hard water and cystitis are supposed to be the principal causes of vesical calculus, while in this case the boy ate very sparingly, drank only cistern or rain water and only had cystitis as an effect instead of cause. Whenever persistent vesical irritation not attributable to gonorrhoea or enlarged prostate exists a careful search of the bladder for stone should be made; true, we do not have them here so often as in Kentucky, Tennessee and other limestone sections, still four cases came within my knowledge this year, showing it not to be an infrequent trouble even where cistern water is mostly used. I can't see why drinking hard or limestone water should tend to the production of stone only indirectly by rendering the urine continuously alkaline. The stone once being discovered we should waste no time with lithia or any other reputed solvent, but should operate at once. Supra pubic cystotomy is not a dangerous operation provided we keep below the peritoneum, which can usually be done by injecting eight ounces of water into the bladder and twice as much into a rubber bag which is inserted into the rectum above the sphincter. Supra pubis cystotomy, if the bladder is to be opened, is always indicated in children because the bladder is an abdominal organ at this stage of life. Again, if the stone is of large size as in this case, it would not have been possible to either crush it or remove it by the perineal route.

In small soft stones in the adult where the urethra can be

easily dilated the lithotrite can be readily introduced through the urethra and there is little or no cystitis the crushing and evacuating operation may be justifiable in experienced hands. In order to prevent recurrence it is essential that all fragments be removed in any operative procedure that the cystitis is to be treated. Warm boracic acid injections and that active exercise and the plainest diet should be adopted by the patient; avoidance of hard water for drinking purposes, keeping the urine acid if possible. While I have called the operation a simple procedure, I would not advise amateurs to operate on cases born very early in this century, from the fact that in this, as in other surgical cases, its the old and feeble who die from operative shock.

Report of a Case.

BY J. W. MILLER, M. D., SHANNON, MISS.

Mrs. G., primipara, was delivered of a fine, well developed son on October 10, 1894. Except that the labor was a little tedious it was otherwise normal. A very slight laceration of perineum was closed and healed readily.

The puerperal stage passed off satisfactorily in every way. Nothing occurred worthy of note until October 15. She had been up most of the time for two weeks or more and helped a little about her household work. On that particular morning she was attending to the wants of her babe. She sat in an old, low chair, the hinder feet of which were worn shorter than the front. She had laid the babe's day clothes over the chair back for convenience while she gave him his morning bath. Needing something on the mantel just beyond her reach she got up to get it. The chair fell backward, the sound being muffled by the babes clothes, she was not aware of it until sitting down she had gone too far to recover herself. Motherlike, she thought only of the safety of her child, and struck the floor with full force. No evil results were apparent until a week or more afterward, when she began to experience strange feelings in the ends of her fingers and toes, which numbness increased slowly.

I was consulted on the 25th and found the sensibility of both hands and feet much perverted. A slight touch was more or less painful to either. She was rational but there was an anxious expression on her countenance and a morbid vigilance.

The tongue was heavily coated and slight fever. The temperature nor pulse did not go up in accord with the other symptoms. The bowels were very hard to move and each day the paresis invaded further up the limbs until by the 30th there was no normal feeling in them, and as time passed her mind became more and more flighty. Her kidneys acted well throughout until December 1. On inquiry no one could remember that they had acted the previous night. On examination I found the bladder enormously enlarged, which was relieved by the use of the catheter and from that time until she died on the 4th her bowels and kidneys both acted incognita. Treatment was without effect throughout.

That her trouble was paralysis of a progressive character is very evident. But what the lesion was upon which it supervened is a question not so easily answered satisfactorily. As it was a case to which I gave very close attention and in which I felt a deep professional interest, I would appreciate any suggestion that would throw light upon the cause.

Society Proceedings.

"THE AMERICAN MEDICAL ASSOCIATION; ITS PAST, PRESENT AND FUTURE."—PRESIDENT'S ADDRESS.

[CONTINUED.]

Code of Ethics.—At the time the American Medical Association was organized the profession of our country was in a most trying condition. The standard of medical education was at the lowest ebb. Of preliminary education there was none. Quackery in all forms was rampant, and no restraints to practices of all kinds by legal enactment. Those who had at heart the elevation of the profession had to make some provision in singling out from the incongruous mass the men who were entitled to professional recognition and public confidence. This was done by the founders of the American Medical Association by framing a Code of Medical Ethics, which was called for in the preamble introducing the Constitution. The Code of Ethics was framed by a committee of seven, with Dr. John Bell as Chairman, and was adopted in 1847 without discussion and by an unanimous

vote. The Code is liberal in tone, lofty in its sentiments. It requires nothing of its devotees but what would be most willingly subscribed to, observed and carried out by any one who has the true interests of his profession and his patients at heart. Its language is closely akin to that of that great book, the authority of which but few have the audacity to doubt. The language is that of Percival and our own Benjamin Rush. It is a document which is the backbone and corner-stone of the American Medical Association. It is the very foundation upon which the Association is built. It is the rock of Gibraltar upon which all attacks have foundered. Remove it and the American Medical Association will be no more; let it remain, and it will continue to grow, flourish and exert its influence for good for all time to come. No changes in the Code have been made whatever since its adoption, except the addition of section or paragraph 2, under the head of "Duties for the Support of Professional Character," second division of Code. That addition originated from a charge against admitting delegates from the Michigan State Medical Society on account of the Society having elected as one of its delegates Prof. E. S. Dunster, who was represented as engaged in teaching and giving certificates to students in the Medical Department of the Michigan University knowing them to be intending to practice an "irregular exclusive system of medicine." The charge was made near the close of the annual meeting in 1877 and referred to the Judicial Council, but too late for the latter to investigate and report at that meeting. At the meeting in 1878 the Judicial Council made an explicit report, declaring that the Code of Ethics contained *no provision* touching the subject under consideration. After much discussion, the members of the Judicial Council were appointed a special committee to report such an amendant to the Code as would cover the subject. Accordingly, at a later stage of the same meeting, the committee reported a paragraph to be added to the first section of the second division of the Code, under the head of "Duties for the Support of Professional Character." But the President decided that amendments to the Code of Ethics must be subject to the same rules as amendments to the Constitution, and the Association acquiesced in his decision. Consequently the proposed amendment or addition to the Code was laid on the table until the next meeting, which was held at Atlanta, Ga., May, 1879. At that meeting the amendment was taken

from the table and briefly discussed, and again laid on the table until the next annual meeting. The next meeting was held in New York, June, 1880, and the amendment to the Code seems to have escaped attention until near the time of final adjournment, when, on motion of Dr. Foster Pratt of Michigan, it was postponed and made a special subject for consideration at 10 o'clock of the second day of the next meeting, which was held in Richmond, Va., May, 1881, and at the appointed time the proposed amendment was taken up, and it was discussed in opposition to Dr. E. S. Dunster and H. O. Marcy, when further consideration was postponed until 12 o'clock the next day, at which time it was taken up and advocated by N. S. Davis and opposed by Dr. Dunster, and again postponed until the following morning, when a substitute was offered by Dr. J. S. Billings, seconded by Davis, which was adopted by a three-fourths vote of the Association. (Trans., Vol. xxxii, pp. 38, 39.)

It is evident from the lengthy and complicated proceedings necessary to make this unessential addition to the Code of Ethics, that the American profession fully endorses the action of the Committee which drafted it, and are unwilling for any alterations or additions to be made. The Code has fulfilled the purposes for which it was intended, and will remain a *uti me tangere* for generations to come. I am sure that this feeling will prevail at the centennial celebration fifty years from now, and that our successors will be grateful to us for handing it down to them in an unmutilated form.

Rush Monument.—I have mentioned Benjamin Rush in this address in various connections, but I feel constrained to refer to him once more regarding a movement initiated by Dr. A. L. Gihon to erect to his memory a suitable monument in the City of Washington. The City of Washington is embellished and graced by many statues of the men whose lives are part of the Nation's history. The services of Presidents, heroes and patriots have been commemorated by the erection of statues of marble and bronze, the gift of an appreciative and grateful people. Law and science have been recognized in a similar manner by the erection of monuments or costly oil paintings to the memory of the leaders in the legal profession, and the exponents of science and art, as a token of respect by the legal profession and the devotees to art. Religion and philanthropy are represented among the group of statues as an evidence of

gratitude to representative men who devoted their lives to the church and the welfare of the needy. It is only recently that the disciples of Hahnemann have erected a beautiful statue to the memory of the erratic renegade of the regular medical profession, the founder of a medical sect who originally attributed nearly all disease and suffering to the *acarus scabiei*, and pretended to cure disease by producing a duplicate with high potency dilutions and triturations. What have the people done to immortalize the name of the greatest physician this country has ever produced, the man who had the honor and courage to sign the Declaration of Independence? Nothing, absolutely nothing. Is it not time that the AMERICAN MEDICAL ASSOCIATION should take hold in earnest to correct this wrong and remove from the medical history of this country a blemish that has been permitted to remain too long? Can we afford to let this semi-centennial celebration go by without securing sufficient funds to erect a suitable monument to the memory of Benjamin Rush? No! a thousand times no! The time is at hand to act and not to talk. Dr. Gihon has labored incessantly for a number of years in this worthy cause, but he has not met with the encouragement he had a right to expect. In 1884 he introduced a resolution at the annual meeting which was held in Washington, which had for its object the appointment of a committee to report at the next meeting as to the advisability of erecting a monument to Benjamin Rush in the City of Washington, as commemorative of the part taken by the profession of medicine in the establishment of the Republic of the United States. The resolution was unanimously adopted, and the President, Austin Flint, appointed a committee of seven with Dr. Gihon as chairman. This committee reported favorably upon the proposition at the next meeting, which was held in New Orleans. It was the desire of the committee that the statue should be completed and dedicated with appropriate ceremonies coincident with the meeting of the International Medical Congress at Washington in 1887. It was originally resolved that the necessary funds for the erection of the monument should be obtained by subscriptions limited to \$1. from each physician and student of medicine in the United States, and by voluntary donations of such additional sums as might be tendered by persons interested in the work. The burden of work in accomplishing this purpose has been consigned almost exclusively to the

shoulders of the enthusiastic and energetic mover of the proposition--Dr. Gihon. Year after year he has addressed the members of this ASSOCIATION in the most earnest and eloquent language, pleading the cause which has possessed his body and soul. He has written thousands of letters and spent a small fortune in purchasing postal stamps, and what has been the result of his thirteen years of faithful endeavor in accomplishing a task that ought to have been performed before this Association was born, the erection of a monument to our immortal patriot-physician, Benjamin Rush? He only asks \$40,000, and of this sum, by constant appeals in this Association, State medical societies and the medical press, he has received up to date less than \$4000. It has been well said that "Dr. Gihon deserved to have a monument himself for his efforts." But Dr. Gihon's labor is an unselfish one; he looks for no other reward than the consciousness of having done his duty. What he does want, however, is that the profession sustain and aid him in this noble enterprise. No wonder he has often been discouraged, his patience has been severely tried, and it is time that we should hasten to his rescue. The necessary funds should and must be raised during the present session, or at any rate during the semi-centennial year. Loosen your purse strings and let the people of this country know that the profession is loyal to one of its greatest lights. See to it that the capital city will soon be graced by a magnificent statue of the idol of the American profession, the patriot-physician, and one of the greatest benefactors of our country--Benjamin Rush.

Prominent Deceased Members of the Association.—I have incidentally alluded to a number of the founders and prominent members of our Association. On an occasion like this it is appropriate to mention additional names of deceased members who took a most active interest in its organization and proceedings. Time does not permit to enumerate the names of all who deserve a permanent place in the memories of those who have enjoyed the privileges of the Association since their time.

Among the physicians the following merit special mention: H. F. Askew, Richard B. Arnold, H. I. Bowditch, Franklin Bache, Thos. W. Blatchford, J. K. Bartlett, Wm. Brodie, Wm. K. Bowling, S. W. Butler, John B. Beck, John Bell, Alonzo Clark, C. G. Comegys, Nathaniel Chapman, Meredith Clymer, James Cooke, Theophilus C. Dunn, Edward Delafield, Daniel

Drake, Samuel H. Dixon, Elsworth Elliott, J. W. Francis, Austin Flint, John H. Griseom, E. Hartshorne, R. W. Haxall, Oliver Wendell Holmes, Eli Ives, H. A. Johnson, Joseph Jones, Samuel Jackson, J. B. Lindsley, Chas. A. Lee, Geo. Mendenhall, James McNaughton, A. B. Palmer, Zina Pitcher, Isaac Parish, Francis Gurney Smith, John A. Sweet, F. Campbell Stewart, John Stearns, Samuel W. Thayer, Joseph Toner, Harmon Van Dusen, Geo. B. Wood.

Anatomy and physiology are well represented by J. C. Dalton, J. W. Draper, Frederick Horner, Casper Wistar.

Of the surgeons who made a deep impression on American surgery and who fostered the American Medical Association, the following brilliant array of names grace from time to time the proceedings of our Association: D. Hayes Agnew, Daniel Brainard, Gordon Buck, W. T. Briggs, A. J. Bigelow, J. M. Carnochan, Henry F. Campbell, W. W. Dawson, Paul F. Eve, S. D. Gross, S. W. Gross, F. H. Hamilton, John T. Hodgen, Jonathan Knight, Alden March, Joseph W. McDowell, Reuben D. Mussey, G. W. Norris, Chas. A. Pope, Joseph Pancoast, Wm. Pancoast, Willard Parker, Alfred C. Post, T. W. Richardson, Alex. H. Stevens, R. N. Smith, Wm. Stone, H. H. Smith, E. B. Wolcott, John C. Warren, John Watson, A. B. Watson, James R. Wood, D. W. Yandell.

A number of the members of the American Medical Association have done pioneer work in the development of rational gynecology, and the names I shall quote now are frequently met with in text-books on diseases of women here and abroad: Washington Atlee, John L. Atlee, Wm. H. Byford, Robert Battey, Alexander Dunlap, Thos. M. Drysdale, Wm. Goodell, Gilman Kimball, Fred D. Lente, Marion Sims.

American obstetrics was advanced and honorably represented by Fordyce Barker, — Channing, G. D. Elliot, Hugh L. Hodge, W. T. Howard, Chas. D. Meigs, Henry Miller, D. Humphrey Storer, J. P. White.

Richard J. Dunglison, treasurer of the Association for a number of years, is best known as the author of a medical dictionary which has served a useful purpose to students and physicians for half a century. Isaac Hayes, one of the most influential members of the Association, was a distinguished oculist and editor of the *American Journal of the Medical Sciences* for many years. I might continue to enumerate the names of addi-

tional illustrious members of our Association, but enough has been said to show that much scientific work has been done by many distinguished members of our profession through the American Medical Association. The American Medical Association has been a post-graduate medical institution in which most excellent work has been done, the influence of which has extended far beyond the limits of our own country.

I have attempted to give you a brief account of what has been accomplished by the American Medical Association during the first fifty years of its existence, but it is impossible to estimate the benefit derived by the thousands of members who have attended its meetings, men who have contributed little or nothing, but who have been attentive listeners, and who never failed in returning to their homes with knowledge increased and renewed enthusiasm in resuming their responsible and onerous duties. At each meeting new friendships have been made and old ones renewed and more firmly cemented. One of the pleasant and attractive features of our annual meetings is the free social intercourse between the members, coming as they do from all parts of the Union. The social element of our gatherings should be encouraged and I know of no better way in which to foster it than to establish a new departure by making provision and establish the custom of making arrangements for the evening of the second day of our meeting for an

Association Dinner.—The Committee of Arrangements are always severely taxed in procuring suitable entertainments for the members at each annual meeting. Much time and money have been spent for this purpose and all of us can testify to the lavish hospitality extended year after year by the local physicians and public spirited citizens. The evening receptions have been enjoyable and conducive in bringing the delegates and members in closer contact. But I am sure you will all agree with me that they can not take the place of an Association dinner in making strangers friends and in affording the best possible opportunities for an interchange of ideas and experiences often of much more value than in listening to the reading of a scientific paper. Let us relieve our Committee of Arrangements of the greatest burden of their work and take the necessary steps to become independent, as far as our social enjoyments are concerned, by gathering around the festive board at our own expense. Section dinners have been a failure and should be abol-

ished. Let us have a dinner where the sturdy country physician can sit with his more nervous and excitable colleague from the city, where the surgeon can meet the physician, the physician with the specialists of all kinds, that is, an easy, informal commingling of the different professional elements. Occasions like these could not fail in strengthening the Association and in diffusing knowledge not obtainable in any other way. The great medical societies in England and Germany have followed this custom for years, and the annual dinner is always looked for with anticipations of pleasure and profit. Let us imitate their example and I am confident we shall never regret the departure. It will not be difficult to furnish a mental feast for the guests by a number of well chosen toasts to be responded to by some of our members and representative men from the clerical and legal profession. Medicine, law and theology, the three great learned professions, have many things of common interest, and a closer acquaintance and relationship will prove of mutual benefit to all.

Annual Addresses.—The scientific work in the general sessions is largely limited to the reading of addresses on medicine, surgery and State medicine. These addresses, as a rule, are carefully prepared and are always listened to with interest. The Chairman of each Section prepares an address which he delivers at the opening of the section over which he presides. A distinction should be made in designating the work done in the general sessions and in the different sections, and I would respectfully suggest that the addresses delivered in the general sessions should be known as orations, instead of addresses, and the persons delivering them as orators, to still further distinguish them from the Chairmen of the Sections and their work.

Evening Demonstrations.—It has occurred to me that the third evening of each session should be devoted strictly to scientific work of a special character. It seems to me that nothing would prove more profitable and attractive than a lecture on bacteriology, histology, normal or morbid, illustrated by magic lantern pictures from photomicrographs, projected upon a screen. The lecturer should be chosen by the Nominating Committee from year to year. We have an abundance of men well qualified for such a task within the ranks of our Association. A lecture of this nature, with numerous illustrations, would secure a large attendance and would be one of the means of keeping our members informed of what pure science is doing for the healing art.

Permanent Home of the Association.—One of the present needs of the Association is a permanent home, with an editorial office and press room, for its official organ, a hall for the meetings, at least every three years, which could also be utilized for the meetings of local societies, a library room for American medical literature, and a memorial hall for paintings, busts of distinguished members of the Association, and a room for a collection of indigenous medical plants and surgical instruments, the invention of American physicians and surgeons. The site for such a home should be decided by vote of all members of the Association. The present financial status of the Association justifies the taking of the necessary steps to bring such a project into effect at an early date. I am sure the profession of the city that will be honored by becoming the site of such a wonderful institution will contribute liberally toward erecting and maintaining it. Such a modern Esculapian temple would soon become the Mecca for those in search of American medical literature, and a rich storehouse for everything pertaining to the medical history of this country.

A Glimpse of the Future.—Fifty years of steady growth has made the American Medical Association strong. It has passed the experimental stage; it has done a great deal in advancing and diffusing medical knowledge, and in the prevention, alleviation and cure of disease. It is the recognized final tribunal which directs and controls all other medical societies and medical educational institutions. It is the final Court of Appeals to which the regular practitioners and the public can look with confidence for the enforcement of a pure discipline and needed protection. It is the highest post-graduate medical institution in this country which without tuition provides a course of instruction annually of a scientific and practical character, well adapted for the busy practitioner, from which everyone returns with a firm determination to do more and better work. It is the great bond of fraternal union which binds and cements together the physicians and surgeons and devotees to special departments of medicine and surgery. The Association has done much for the profession and the people in the past, it can and will do more in the future. The organization is now completed and in excellent working order. We can devote in the future all of our time to scientific and practical work. The increase in membership during the last two or three years is unparalleled in the history of

the Association. An awakening interest in the usefulness and prosperity of the Association is noticeable on all sides. The papers read in the sections and the discussions are becoming better from year to year. The fiftieth birthday of the Association will give a new impetus to the work and growth of the Association. It is difficult to foretell the possibilities of the second half of the first century of the existence of the Association. It is, however, safe to predict that when the first centennial celebration will be held in this city fifty years from now, the membership will have increased from 9000 to 75,000 or 100,000, and our official organ at that time will be recognized the world over as the most enterprising and best medical journal. Few, if any, who, constituting my audience to-day, will live to see that day to bear testimony of the proceedings, festivities and incidents commemorating the first semi-centennial. The President who will then occupy this chair and who probably at this time is laboring with his lessons in arithmetic, spelling, geography and grammar in some public school will then review the work of the Association for the first century, and may we trust from the records we shall leave behind that he may adjudge us faithful servants in the cause of science and humanity. Taking up the thread of history from this day he will chronicle inventions and discoveries of which we have now no conception. The literature of to-day will be as old and useless as that of fifty years ago. We have the satisfaction of having been permitted to live and labor at a time when the science and practice of medicine and surgery were undergoing a complete revolution. We are now laying the cornerstone and are slowly but surely building the foundation for rational medicine and surgery. The work of the next fifty years will no doubt contribute much toward making what has been sought for ages in vain, the rendering of medicine and surgery exact sciences. The American profession will contribute liberally toward accomplishing this object.

In conclusion, let us implore Almighty God to shower the richest blessings upon the American Medical Association and the labors of all and every one of its present and future members. May it please Him who, during His earthly career, went from place to place as the Great Physician to heal the sick and maimed, through His boundless mercy and tender sympathies for suffering mankind, to so guide our lives and labors as to imitate His inspiring example in relieving suffering and in adding to the happiness of our fellowmen.

Editorial.

H. H. HARALSON, M. D., - - - - - BILOXI, MISSISSIPPI.

Editor and Proprietor.

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Sec. 7. Admission Cards may be issued by the officers of the Association with the obligation for the candidate's signature in the center and blank marginal spaces on the left and right margins for the signatures of the three members who recommend, and the three officers who admit the applicant to membership.

The above section was adopted in order to admit persons eligible to membership during vacation. Either of the above named officers will furnish, on application, the necessary card.

A HALT CALLED.

Texas towns seem to have gone daft on the subject of medical colleges. Privileges easily acquired are apt to be abused; and so long as the State will grant a charter for a medical college (or for almost anything else, provided, always, that the small sum of \$10 is forthcoming) upon the application of any two or three persons, we need not be surprised to see medical colleges springing up at every town. Any two or three doctors can organize themselves into a "Faculty," and for \$10 secure the State's consent to call themselves a medical college. There are in most towns certain doctors who are ambitious to be called "Professor;" there is fascination in the name—it is a fashionable mode of advertising; they know so much that they are impatient to impart a portion of their wisdom to others; to any who will take it—and pay for it, and hence the multiplication of the evil, for it is a great evil, goes steadily on.

The last town in Texas to develop symptoms of the mania is Dallas. For months there have been rumors of a coming college at Dallas. We had learned some months ago that Drs. Milliken and Rosser contemplated establishing a small school at Dallas for post-graduate instruction, but we were not aware that their ambition extended to a full-fledged medical college. In fact, the first intimation we had of such a scheme came recently, in the shape of a circular letter, from a large number of Dallas physicians, earnestly protesting against it, as something calculated to bring the profession into disrepute. The protest is very earnest and energetic, and it expresses our sentiments to the letter. The great evil of the day is—easy matriculation, easy graduation—cheap doctors. The effect is inevitable. The very title “doctor” will become a by-word and a reproach.—*Texas Medical Journal*.

From the above it appears that the profession of Texas is in the midst of a sensation on the question of medical colleges. It seems that every town of any note in the State is trying to organize one.

Every State that has a university should have a medical department connected with it, but in no case should the Faculty of any medical college be dependent on the fees of its matriculates for their salaries. Some schools of this character—Commercial Medical Colleges—no doubt do very good teaching, but the most of them are in the business for the “pie” and the size of the slice each member of the Faculty gets depends on the number of matriculates to his college. Each member of the Faculty then is personally interested in keeping up the size of the class and this leads to the soliciting of patronage. The Dean or Secretary sends out circular letters with a card enclosed asking that the card be returned with the names of persons desiring to attend medical lectures. These cards go back frequently bearing the names of persons who never contemplated such a course. The besieging now begins. Though these colleges may be members of the Association of Medical Colleges they find loop holes, and if they don’t find them they make them, where they can put in the nefarious work of filling their classes with men unprepared to begin the study of medicine, men who can never reflect credit upon the profession and who have been educated to regard it only as a trade. Since the writer has been practicing medicine—seventeen years—only two young men have matriculated and gave him as their preceptor. Both these young men to-day are honored members of the profession, one of them a teacher of

medicine. He has never failed to discourage young men in their aspirations to undertake the study of medicine when he saw they were unfitted for it. This is the thing that medical colleges should do and it is the thing they would do if the Faculty was not dependent on the fees of the matriculates for their salaries. It should be the pride of medical colleges to send out competent men, men who are fitted by nature and by education for the work of a physician, but, instead, they pride themselves on the size of their classes.

Those who will take the pains to examine the records of the examining boards will find where the trouble lies. The fault is not with the teaching of these Commercial Medical Colleges altogether, but it is with the character of men received as students. As a rule—I speak from my knowledge of the record of the examining board of Mississippi—the per cent of failures of students from the Commercial Medical Colleges is very much greater, possibly 25 per cent., than students from Universities of high standing. In the establishment of a medical college there are other and more important things to be considered than the location. There is not a medical school in the United States whose graduates stand higher or whose graduates are better equipped for the life work of a physician than those of the University of Virginia, yet this school has very poor clinical facilities. You may give a medical college all the clinical facilities that can be used and the best teachers that can be secured and if you do not give that school the right kind of material as students it can not make physicians. If a reform in medical education is to come in this country it is destined to come through the great universities.

The meeting of the Mississippi Valley Medical Association in Louisville, October 5, 6, 7 and 8, 1897, is expected to be the largest and best in its history.

Dr. C. R. Henderson of Deasonville, spent several days in Biloxi during the month of August. Mrs. Henderson, his wife, has been in poor health for some time and he brought her to the coast where she can get the benefit of the pure salt breezes and baths. She is somewhat improved and the Doctor returned to his home and left her here.

Public Health.

Board of Health, State of Mississippi.

W. G. KIGER, M. D., President, Brunswick.

J. F. HUNTER, M. D., Secretary, Jackson.

H. A. GANT, M. D., Water Valley.

S. R. DUNN, M. D., Greenville.

B. F. DUKE, M. D., Moss Point.

R. W. ROWLAND, M. D., Flora.

W. S. GREENE, M. D., Aberdeen.

H. S. GULLY, M. D., Meridian.

O. B. QUIN, M. D., McComb City.

C. H. MURRY, M. D., Ripley.

G. W. TRIMBLE, M. D., Grenada.

H. H. HARALSON, M. D., Biloxi.

* * *

In a lecture delivered to the New Orleans Training School for Nurses, Dr. E. L. McGehee, in substance, said:

The sanitary measures adopted by the Louisiana Board of Health regarding the disinfection of sleeping cars, is an advance step in the right direction. It is well the public appreciate the fact that consumption, like measles, whooping cough and scarlet fever, is a communicable disease, and it does not necessarily require hereditary claims to contract the fearful malady.

Much care and energy are used to keep the elegant coaches clean. No more time or labor would be needed to apply the disinfectant as the dust is removed. Something that will destroy the cause, the germ of the contagious or infectious disease.

The word disinfection is not restricted to destroying germs, but is loosely employed when we purify sewerage, privy vaults and the hold of a ship, though we may not have killed any germs.

Disinfection is accomplished by both thermal and chemical means. Thermal is both by hot air and by steam; chemical destroys germs by use of chemical change; in either case there is alteration in the protoplasm that compose infectious agents. In some cases it involves decomposition and degeneration, in other cases simply kills, but not otherwise alters the infection particles.

Protoplasm—First form or mould. Sterilization is the killing of all living things, including spores and vegetative forms of micro-organisms that may be on a substance or space, or on a given surface. Hence sterilization means more than disinfection for it not only destroys all pathogenic germs but non-pathogenic bacteria.

An antiseptic is a substance which hinders or prevents the growth of micro-organisms. It is directed especially against those forms of bacteria which cause fermentation or putrefaction, or which give rise to suppuration in the living body. An antiseptic is more permanent in its effect than a simple disinfection as steam which will destroy germs present but leaves the place capable of supporting a growth of other living forms that may gain access (as water unheated). Agents which make or destroy foul odors are sometimes called disinfectants, but this is an error. It is true that some deodorizers are disinfectants, and *vice versa*, but there is no definite relation between odors and infection; absence of one does not imply absence of the other.

The specific organisms of contagion differ in their vitality. Sun, light, drying and pure air are nature's chief disinfectant. Oxygen is a disinfectant by favoring the aerobic bacteria of decay which either destroy the pathogenic organisms, as food, or develop products which are poisonous to pathogenic organisms. Cold is a natural disinfectant for some diseases—yellow fever, first frost. Malaria does not do well below 60 degs. Fahr. Even 0 degs. Fahr. does not destroy the infection of anthrax and typhoid, tuberculosis, smallpox and scarlet fever.

When a patient and the surgeon are prepared for an operation, they are spoken of as disinfected. It is more correctly sterilization.

HOW TO SELECT DISINFECTANTS.

1. Its power as a disinfectant, the concentration and length of time required.
2. Liability to produce injury to persons or property.
3. The ease and certainty of its application by unskilled persons.
4. Its cost.

The most certain and valuable disinfectant is heat, for all articles of clothing, bedding, towels, etc., may be boiled or steamed; it is cheapest, easiest and most satisfactory. Dry heat or baking at temperature from 230 to 260 degs. is used for sterilizing articles of metal, glass, crockery, etc., but is not good for blankets, pillows, etc., as steam. Dry heat penetrates clothing slowly, and must be kept up so long it is likely to injure the fabric. Steam under pressure at quarantine stations have taken the place of dry heat. Steam should be raised to 220 to 230

degs. Fahr., and enough pressure to prevent any deposition of moisture, and admitted into the cylinders so as to let all air out, that the center of the mattress and pillows be penetrated. This should be kept up for at least thirty minutes. It is well to let in hot air before the steam, so as to warm clothes and prevent condensation of steam.

Dust is an important factor in practical disinfection. Moisten the clothes. They should be put in rubber bags until they get to disinfecting stations. Heat can not always be used.

Gases.—Best are sulphurous acid and chlorine. Pastiles and carbolic, etc., in sick rooms with patient, are useless so far as disinfection is concerned.

Chemicals in Fluids.—Wall rubbed with solution of bi-chloride Hg. 1-1000, or 3 per cent. of carbolic acid, then boil or burn rags. To disinfect a room with gases four to six pounds of sulphur for one thousand cubic feet of space is burned in each room, which is kept closed tight for twelve hours. Its efficiency is greatly increased by saturating the air of the room with water vapor at the time the sulphur is being burned. This mode alone of disinfection should not be relied upon in cases of consumption, anthrax or diphtheria.

Disinfecting Liquids.—Whitewash R—Lime (fresh), 4 per cent; solution chloride of lime, 5 per cent; solution carbolic acid, 5 per cent; solution corrosive sublimate, 1-1000.

One-half ounce of corrosive sublimate to three gallons of water and a few grains of anilin blue makes a solution of general utility for disinfecting surfaces of all kinds, furniture, etc.

For Disinfecting Faces and Sputa.—5 per cent. solution of carbolic acid, or 5 per cent. solution of chloride of lime, requires six pounds.

For Privy Vaults or Cesspools.—Strong milk of lime or solution of chloride of zinc.

Corrosive sublimate, though the best disinfectant, should not be used for excreta or sputa as it forms an insoluble compound with albuminous matters.

Sulphate of iron is not a disinfectant.

OTHER CHEMICAL DISINFECTANTS.

Potash permanganate and a variety of coal tar products, with such substances as iodoform, peroxide of hydrogen, etc., are used for special purposes in medical and surgical treatment,

but are more costly and more apt to inflict injury, and in other ways are less desirable for general use in disinfection, than 1, heat; 2, lime; 3, corrosive sublimate; 4, carbolic acid; 5, chlorine; 6, sulphurous acid.

Disinfection of Surgical Instruments.—Boil in 2 per cent. solution of common soda is the best, as dry heat ruins steel and boiling dulls knife.

As we can not always at once destroy the pathogenic germs with disinfectants, for they may be undergoing incubation in the system, isolation and quarantine become necessary.

The Louisiana Board of Health is to be complimented on its quarantine work. From a personal knowledge of the competent, conscientious men in charge of the Mississippi quarantine, and a sojourn there, acquainting me with the thoroughness of each detail, the scientific way in which the laws of sanitation and disinfection are applied, we can feel safe. When a certificate from these officers is given that a vessel has complied with the regulations and they believe her to be free from infection, we may thank God for such laws and the advance of science, and rest satisfied that no yellow fever can enter our great valley on that vessel.

These positions should be above party politics. So important are they that when those worthy of so great a trust are found their tenure of office should not be determined by political affiliation.

* * *

BILOXI, MISS., August 28, 1897.

Dr. J. F. Hunter, Chairman Executive Committee, Mississippi State Board of Health, Jackson, Miss.:

SIR—On the 23d of August a board of experts was sent from New Orleans to examine the reported cases of yellow fever at Ocean Springs. The result of the examination disclosed the real character of the fever to be nothing more serious than dengue.

Several days before this examination Dr. Olliphant received a letter from a physician in Louisville, Ky., stating that a gentleman from New Orleans had died in Louisville, and from the symptoms he was quite positive that the case was yellow fever. Dr. Olliphant, knowing that there was no yellow fever in New Orleans, at once began an investigation which revealed the fact that while the man lived in New Orleans he had been in Ocean

Springs some seven or eight days before his departure for Louisville. The wife of this gentleman also stated that there was yellow fever in Ocean Springs. As soon as Dr. Olliphant came in possession of this information he proceeded to Ocean Springs, which was Sunday, August 22.

When he visited this little town he found that during the preceding six weeks the two physicians there had treated some 400 cases of fever. Dr. Olliphant, while perfectly satisfied, felt that the responsibility was too great for him to pass on the character of the fever alone, the attending physicians disclaiming any personal knowledge of yellow fever. He returned to New Orleans Sunday evening and summoned a committee of experts, men whose reputations as yellow fever experts are not confined to this continent. The committee consisted of Drs. L. F. Solomon and O. Czarnowski. Dr. S. R. Olliphant, president of the Louisiana State Board of Health, and Dr. G. F. Patton, secretary of the Board, accompanied the committee.

Early on the morning of the 23d Dr. O. L. Bailey came to my home in Biloxi and informed me of the fever in Ocean Springs and telling me of the visit of Dr. Olliphant the previous day. It was agreed that I go to Ocean Springs on the 1 o'clock train for the purpose of investigating the prevailing sickness there. Before the arrival of this train I had a telegram from Dr. Olliphant inviting me to join his party on the same train. I did so, and we proceeded to Ocean Springs and made a most thorough investigation, and at its conclusion made the following report:

OCEAN SPRINGS, MISS., August 23, 1897.

Dr. S. R. Olliphant, President Board of Health, State of Louisiana:

DEAR SIR—The undersigned having been requested to investigate an epidemic of fever prevailing at this place, would report as follows:

In company with Dr. J. H. Bemiss and Dr. O. L. Bailey, attending physicians, we visited and carefully examined eleven cases of the prevailing disease, of which we were informed that there have been during the past six or seven weeks over 400 cases, none fatal, except two or three complicated with pre-existing organic trouble.

After careful inspection and examination of the aforesaid cases, which correspond in clinical history with other existing cases, and cases which have previously occurred, we are positive in our opinion that the disease is "dengue," and that in no case,

either of those seen by us, or in cases whose history has been obtained from the attending physicians, is there or has there been any symptoms which would lead us to even a suspicion of more serious disease.

[Signed]

LUCIEN F. SOLOMON, M. D.,
O. CZARNOWSKI, M. D.,
G. FARRAR PATTON, M. D.,
Of the Board of Experts.
H. H. HARALSON, M. D.,
Member of the Mississippi Board of Health.

We concur in the above diagnosis of the disease prevailing at Ocean Springs.

[Signed]

O. L. BAILEY, M. D.,
J. H. BEMISS, M. D.

We felt that the above report would serve to allay the fears of every one. It should have done so and doubtless would but for the tongue of the thoughtless and indiscreet who delights in sensational fabrications even though they may be at the expense and injury of an entire community.

On the morning of the 27th I had a telegram from Dr. Olliphant requesting me to go back to Ocean Springs and investigate the report that was being circulated in New Orleans that there were seven deaths from yellow fever in Ocean Springs the day before, and also to investigate the case of Miss Dillon. I went on the first train. When I arrived at Ocean Springs I found Dr. J. H. Bemiss at the depot and he assured me that there was nothing in the report. Dr. Saunders of Mobile, health officer of Alabama, was there, so with Drs. Bemiss, Bailey and Saunders I proceeded with my investigations. We found the fever abating and absolutely without fatality. An old gentleman with enteric fever who was seen by the committee Monday, died Monday night. A woman died the night of the 26th with pulmonary tuberculosis; was up the day before but a few hours before her death had a violent hemorrhage from her lungs and died. These were the only deaths after the committee made the investigation Monday. Miss Dillon had not a symptom of yellow fever. She had been sick five or six days with remittent fever. There was no serious sickness in town, except Miss Dillon, and all the gentlemen agreed with me that no suspicion should attach to her case. We so telegraphed Dr. Olliphant. I hope that these two investiga-

tions will completely set at rest the fears in the public mind on this question.

Respectfully,

H. H. HARALSON, M. D.,

Member Executive Committee of Mississippi State Board of Health.

[The above report to the Chairman of the Executive Committee is published in full for the information of the profession throughout the State].

* * *

THE SLEEPING CAR—ITS SANITARY DEFECTS.—The danger of transmission of communicable diseases, such as tuberculosis, diphtheria, syphilis, eruptive fevers, etc., in the sleeping car is recognized and admitted by all sanitarians. That most dreaded, the most common of all infectious diseases, consumption, is precisely the most liable to such transmission, especially during the winter months, when thousands of northern consumptives travel southward in search of a milder and more congenial climate.

The infectiousness of the dust collected in different parts or compartments of trains, especially the sleeping car, has been demonstrated scientifically by inoculation upon Guinea pigs.

As to the unsanitary, disgusting conditions, or rather practices, existing in most of our cars, such as spitting on the floor, or in metallic cuspidors, containing no disinfecting agent, hawking, blowing one's nose or spitting in the wash basins, etc., are too well known to all to require any elucidation. Who of us has not been shocked at the sight of all those things, and horrified at the thought of other possible means of infection, through sheets, pillows, mattresses and water closets, during the prolonged, although temporary, intimacy with healthy or unhealthy travelers, which is forced upon us every time we undertake a long journey?

Now, could not all these dangers be reduced to a minimum by the strict application of sanitary measures of easy execution and not burdensome to the railroad companies, especially when we consider the immense benefit to the general public to be derived therefrom?

In the sanitation of cars the first and most important requirements are, as we all know, that the cars be kept in the cleanest possible condition, that they should at all times be prop.

erly ventilated and heated, not above 70 degs. nor below 60 degs. Fahr.; that passengers should be supplied with pure drinking water, not contaminated by improper handling of ice or anything else, that the water tanks should be thoroughly cleaned, inside and outside, at frequent intervals, etc. All these conditions are absolutely necessary, but as they are to be carried out, most during the voyage, en route, they are apt to escape the vigilance of the sanitary authorities. They can not, however, be too strongly urged nor too frequently laid before the railroad officials.

But there is a set of sanitary laws within our province which can be enforced, we think, like all other local sanitary measures intended to protect the public health. Such are those we now submit to the board for adoption.

Their enforcement will be an entering wedge to the correction of evils which are so familiar to us all, and against which sanitarians have so far struggled in vain. The adoption by the board of such sanitary measures will soon be followed in our large cities, and if New York, Chicago and New Orleans, head termini of our principal continental roads, were in accord in enforcing similar local police sanitary regulations, they would accomplish more than State or Federal legislation has so far done toward greatly reducing, if not entirely abolishing, the danger of transmission of "communicable diseases" by the sleeping car.

We therefore recommend the adoption of the following resolution, subject to such modifications as you may suggest:

First—Be it resolved, That every sleeping car entering the city shall, on its arrival, be thoroughly cleansed and disinfected under the surveillance of our sanitary inspectors, as follows:

First—The towels, bed clothes, etc., to be submitted to a vigorous disinfection by ebullition in water for an hour, or sterilized in an autoclave or steam oven.

Second—The closets and cuspidors (these should be of china-ware, not metallic) to be washed out with antiseptic liquids and always provided with a supply of such solution.

Third—The car proper to be disinfected by means of formaline. This agent positively kills or destroys the germs of tuberculosis, diphtheria and smallpox in a few minutes. It causes no appreciable injury to the woodwork, upholstery and carpets. The method of applying it is very simple. It can be applied in the form of fumes or by a special apparatus. It applies to mattresses and pillows and cushions, as it possesses most penetrat-

ing properties. The disinfecting process can be carried out quickly and at little expense.

The foregoing "special report" was presented by Dr. Felix Formento, and presented to the Board at a meeting held August 12th.

Medical News and Miscellany.

FOR SALE IN MISSISSIPPI.—A two thousand dollar practice, seven room residence, all necessary outbuildings, a well of good water, 6 acres of land attached, in a growing railroad town with good church and school facilities. Address this office.

Dr. McNutt of Minerva, Ky., is in Biloxi for a few weeks to see what this delightful climate will do for his hay fever. The doctor has greatly improved since his arrival and is delighted with Biloxi and the coast. Dr. McNutt is one of Kentucky's most prominent and learned physicians and his opinion on the advantages of this city as a health resort is worth mentioning.

ARE YOU IN PAIN?—You will probably ask this question more frequently than any other. Nothing appeals to one more strongly. To be able to relieve pain, whether it be a slight nervous headache or the most excruciating suffering from a severe neuralgia, brings the height of pleasure to both patient and attendant. The ideal remedy must not only do its work, but it must also do it quickly. Touching this point is an article in the *Boston Medical and Surgical Reporter*, by Hugo Engel, A. M., M. D. The author says:

"Antikamnia has become a favorite with many members of the profession. It is very reliable in all kinds of pain, and as quickly acting as a hypodermic injection of morphia. It is used only internally. To stop pain one five-grain tablet (crushed) is administered at once; ten minutes later the same dose is repeated, and if necessary, a third dose given ten minutes after the second. In 90 per cent. of all cases it immediately stops the pain."

CONSERVATISM IN THE TREATMENT OF DISEASES OF THE PELVIC ORGANS IN WOMEN.—In the March issue of the *Universal Medical Magazine*, Drs. S. Weir Mitchell, Wharton Sinkler,

Charles K. Mills and others in discussing the relation of nervous disorders in women to pelvic diseases, said: "We have never seen a case in which ablation of the ovaries and termination of menstruation cured an epilepsy and in all our life have met with only four reflex epilepsies, none of which were from uterine ovarian or tubal diseases, and we are inclined to think that some, at least, of the cases classed as epilepsies of ovarian origin, are in reality excessively violent hysterical convulsions, and we conclude that insanity is aggravated by the menstrual epoch, whether normal or not, but that it is very rarely caused by that alone. A great deal of uterine and ovarian disease should escape the knife by the use of patient medical treatment—no grave surgery of the pelvis should be allowed without medical consultation," and by the conservative administration of Dioiburnia, a uterine tonic and alterative, nervine and antispasmodic. In these opinions they voiced the sentiments of the great army of specialists and general practitioners.

WORTH REMEMBERING.

Messrs. John Carle & Sons, New York City:

GENTLEMEN—It affords me pleasure to inform you of my high estimation of the value of Imperial Granum in a recent case of obstinate vomiting of pregnancy. For many days at a time my patient could retain practically nothing in the way of nourishment until the Imperial Granum was tried, when the stomach immediately became more tolerant and nutrition was rapidly regained—and at this writing, four weeks from the time she began its use, she is still relying almost exclusively on it for nourishment.

It is safe for me to say that in the future I shall depend on the Imperial Granum when its use is indicated, and with best wishes for your success, I am,

Yours very truly,

—————, M. D.

Physicians can obtain samples of this most valuable prepared food free, charges prepaid, on application to John Carle & Sons, 153 Water Street, New York City.

THE SPECIFIC ACTION OF QUININE IN MALARIA.—Dr. E. C. Register, editor of the *Charlotte Medical Journal*, read a paper with this title before the North Carolina Medical Society.

After many years of study, both clinical and microscopical, the doctor arrives at the following conclusion in reference to the specific action of quinine in the continued forms of malarial fever. He says a malarial fever without complications will subside after the plasmodia of malarial disappears from the blood; that we have in quinine the means to completely eradicate malarial poison from the body; that malarial fever occurring in a previously healthy subject, and in the central United States, if at once recognized and properly treated, never ends in death; that it is speedily curable, never continues, provided the nature of the disease be recognized and appropriate treatment employed.

Dr. Register has made microscopical examinations of the blood of several hundred patients suffering with remittent malarial fever, and has studied closely and thoroughly the crescentic and ring-shaped bodies which he says are the forms of the parasite which is responsible for the continued types of this fever, and he finds that the reason quinine does not always effect these irregular forms of the poison, is on account of the usual defects in its administration. He contends that the drug is very imperfectly absorbed when given by the stomach, and when the patient has a temperature of over 102 degs. He says that in cases of continued malarial fever, if distinct and well-marked intermissions of the fever are produced artificially by the use of antipyrine, antifebrine and phenacetine, the crescentic and ring-shaped bodies will disappear after the administration of quinine, as quickly as the spherical bodies that are found in an ordinary case of intermittent fever. In reference to the belief that the forms of the parasite that inhabit the blood cells are not acted on by quinine, he says: "There is no doubt in my mind that this belief is not erroneous. Besides my own observations, I have been able to collect the opinions of thirty-two authors touching upon this point, and twenty-eight out of the thirty-two believe that the endo-globular or intra-corporcular forms are not, on this account, the cause of an uncontrollable fever, and that its proximity to the blood cell does not, in any way, protect it from the action of quinine."—*St. Louis Medical Era*.

Obituary.

DR. WILLIAM M. R. MCSWINE, GRENADA, MISS.

Dr. Wm. M. R. McSwine died at the home of his brother-in-law, Hon. J. J. Slack, in the city of Grenada, May 7, 1897. He was taken violently ill at Jackson while serving in the Legislature, and when slightly improved was removed to Grenada, his home, after which he lived only a few days.

Dr. McSwine was born in Yalobusha County, Miss., in July, 1835, and died at the age of sixty-one years and ten months. He graduated at the University of Mississippi and at the Medical Department of the University of Louisiana, (now Tulane University).

Though he had not been in active practice for the past eighteen years he had all along been identified with the Mississippi State Medical Association, in which he held membership up to the time of his death.

He served in the Legislature of Mississippi, with slight interruption, for eighteen years, having succeeded the brilliant and distinguished Wm. R. Barksdale.

Dr. McSwine was a useful citizen, was highly esteemed by all who knew him and his friends delighted to honor him. He is sorely missed in the community in which he lived. He was never Married.

SANATORIUM

... FOR THE ...

DISEASES OF WOMEN.

Drs. MAURY & MITCHELL,

111 COURT STREET,

MEMPHIS, TENN.



This building has been erected especially as a Sanatorium for the treatment of the Diseases of Women. It has been constructed with great care and in accordance with the most approved principles of sanitary science. Its equipment with all the appliances necessary for the treatment of disease is complete. It is the endeavor of those in charge to make this a temporary home, as well as a place of rest, where invalids will find every comfort they may desire. Physicians who wish to send patients away from home for the surgical and medical treatment necessary in this class of diseases, may feel confident that everything possible will be done here for their restoration to health.

For further information DR. MAURY can be addressed at the Sanatorium.

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MEDICAL RECORD

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Original Articles.

Convulsive Melancholia.*

By NOLAN STEWART, M. D., JACKSON, MISS.

Mental depression, accompanied by mental pain, when commensurate with the cause thereof, is but the exercise of a physiological function of the brain, but, when the depression and pain are greatly out of proportion to the cause, or the result of some imaginary condition, there is present a morbid mental state resulting from a pathological action of the encephalic tissue itself, and this form of mental disease is termed melancholia.

This is not a strictly correct definition of melancholia, for it would be difficult, I may say impossible, to accurately define it. The transition from a state of health into the milder forms of melancholia is almost imperceptible, thereby rendering it difficult to draw the divisional line, especially as individuals differ, and because there must be considered the sensitiveness of the brain and its responsiveness to actual impressions.

The classification of different forms of melancholia is more or less arbitrary and there are wide differences of opinion as to what is the best and simplest classification. It is not, therefore, my intention to go into an extended dissertation on this subject, but rather to call attention to an interesting, but somewhat neglected variety, one of comparative infrequency, viz: Convulsive melancholia.

*Read before the Mississippi State Medical Association, April, 1897.

During the periods of excitement in the forms of melancholia usually met with, the muscular movements may be automatic in a certain sense, yet they respond to mental impressions made upon the ideo-motor centers and most usually without loss of consciousness or memory.

In the convulsive variety there is a true convulsion with complete loss of consciousness, and to all appearances it does not differ from a true epileptic convulsion. The convulsion occurs seldom more than two or three times during the course of the disease, which may extend over a number of years. The essential accompaniments of an epileptic fit are present, the automatic cry, falling, loss of sensation, distortion of countenance, foaming at the mouth, convulsion of the limbs, stupor and headache following.

In these cases the mental depression is very great. There is muscular agitation and the patient is easily excited, but the most persistent, perhaps the most prominent feature, is the exceeding great obstinacy which characterizes this malady. It is almost impossible to induce the patient to do other than that which his insane impulses prompt. They may choose a certain place to sit and will resist any attempt to place them elsewhere, will have a certain manner of doing certain things which can not be altered by persuasion or otherwise.

The fits generally occur in the early stage of the disease. So far as concerns mental restoration, the prognosis is grave, and while there may be times of mental improvement, relapses usually follow and complete restoration is exceedingly rare. The physical health may be good and the patient live a long while.

I will present one case as illustrative of this disease and which, it seems to me, is typical.

J. A., colored, aged 28, married, one child, field hand, no education. No known hereditary predisposition to insanity. Naturally kindly disposed, but temperament melancholic. Her child and that of another woman engaged in a fight which led to a fierce quarrel between the women. Shortly after signs of mental aberration were noted. She thought persons were impugning her character and she became greatly depressed and attempted suicide. When admitted into the asylum was intensely depressed, with melancholy delusions. She was almost always reserved and uncommunicative and could seldom be induced to reply to questions, and when she did she exhibited much irrita-

tion, but at infrequent intervals would be pleased in her demeanor and express appreciation of any kindness bestowed. Although the above features were well marked, the dominant one was the great obstinacy which persisted to the last. She would not go to the dining-room except when it suited her to do so, and she resisted all efforts to induce her to go. It was oftentimes a task for the attendants to disrobe her, she refusing to undress at the hour for retiring, and the next morning it would be equally difficult to have her don her wearing apparel. About three months after admission she had a well marked convulsion, followed by a second about a month later, which were the only two convulsions she had. She continued in the condition described for quite a while, but about a year and a half after admission she began to fail in bodily health, and after a residence of two years and eleven months in the asylum she died of nephritis.

I was temporarily absent when she died. No autopsy was held, which was much to be regretted, as this disease has some distinct pathological features, but the limit of this paper will not admit of their discussion here.

Practical Hematology.*

BY WM. KRAUSS, M. D., PH. G., MEMPHIS, TENN.

Prop. Hygienic Institute; Pathologist to St. Joseph's and City Hospitals; Instructor in Microscopy, Histology and Bacteriology, Memphis Hospital Medical College; Director Pathological Research, Memphis Pathological Society; Associate Editor Memphis Medical Monthly, Etc.

In the constant search for the undiscovered and in our efforts to be original we are prone to pass by some useful facts. An occasional halt to take a retrospective view may not be a brilliant achievement but it will show us that there is a prodigal waste of medical knowledge and that an occasional inventory of our stock on hand will discover many unexpected treasures.

This is my apology for bringing up a subject by no means new, but in this section at least, confined largely to the laboratories of medical and scientific institutions.

The human blood consists of plasma and corpuscles. Both vary in health and in disease as to quantity, quality and biologic character, the latter also in the morphology. In addition, there

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may be abnormal substances in solution or suspension, *i. e.*, toxins, living organisms, etc. The recognition of these departures from the normal and of their diagnostic importance constitutes "practical hematology."

The simplest and most frequently employed blood technique consists in the examination of dried blood, stained or unstained, the counting of the red and white cells and the examination of the hemoglobin. A somewhat dogmatic rule has been established for differentiating the three principal varieties of what is commonly called anemia by the relative diminution of the red discs and the hemoglobin. Thus, we are said to have secondary anemia if the diminution in red cells and hemoglobin are about equal; chlorosis, if the hemoglobin is markedly diminished without much or any diminution in the number of red cells; and, finally, we assume the presence of pernicious anemia if the red disks are markedly diminished (to less than one-third), whilst the hemoglobin is reduced in quantity to a less extent—relatively increased; in other words an excess of hemoglobin in the few red cells remaining. In the laboratory we speak of the reduction in the number of red cells as an oligocythemia, an increase as a polycythemia. Diminution of hemoglobin is denominated oligochromhemia, increase of same is called hyperchromhemia. Thus, to recapitulate the anemias, we have in simple or secondary anemias an oligocythemia and oligochromhemia in the same ratio; in chlorosis there is essentially an oligochromhemia; in pernicious anemia the oligocythemia is very marked and the oligochromhemia to a lesser extent.

To examine blood for these variations the apparatus must be used at the bedside and for this reason the general practitioner must either equip himself with the appliances or send his patient to a specialist. The necessary apparatus and reagents are:

1. A Thoma-Zeiss counting slide having divisions 1-400 millimeter square on the bottom of a cell 1-10 millimeter deep; this cell is surrounded by a groove to accommodate the excess of blood when the cover slip is placed upon it.

2. A mixer for red cells, graduated so as to make a dilution of from 0.1 to 1.0 per cent.

3. A mixer for white cells to make a 10 per cent. dilution (this is not essential).

4. A solution of sodium chloride approximately of the same specific gravity as the blood to be examined. By making the

hemoglobin estimation first we may estimate this, as the specific gravity must vary with the hemoglobin percentage and consequently with the density of the corpuscles so as to preserve its integrity. From Hammerschlag the following table is adopted, the salt solution being found in practice to work better if a little weaker:

Sp. Gr.	Hemoglobin, Per cent.	Salt Solution, Per cent.
1.033-35	25-30	2.0
1.040-45	40-45	2.5
1.050-53	65-70	3.0
4.057-60	85-95	3.5

The solution should be freshly made and filtered and tinged with methylene blue or other nuclear stain that does not precipitate readily.

5. A microscope giving an amplification of about 200 diameters. Any \$30 students' microscope will answer, such as the Bausch & Lomb A3.

6. A Gower's hemoglobinometer. This is cheaper than the more complicated (and only little more accurate) hemometer of V. Fleischl and possesses an advantage over the latter by being available in daylight.

It consists of a 20 millimeter pipet, a sealed tube containing a standard color solution and a graduated tube in which the blood is diluted to the shade of color in the standard tube.

The general directions for obtaining blood (only a few drops of which are required) are as follows: Proceed by cleansing the lobe of the ear with ether and making a puncture with a new steel pen so as to allow a rather large drop of blood to exude without pressure. Touch the extreme tip of the drop with an absolutely clean, preferably square, cover slip held in a pair of forceps, and immediately draw another from it, then allow them to dry. These are laid aside for special examination.

The hemoglobinometer pipet is next filled to the mark and the point carefully wiped off. The mixing vessel having been previously filled to the 20 per cent. mark with distilled water the blood in the pipet is blown into it and the pipet washed with the fluid. At this stage it is preferable to fill the cytometer pipet to the 1.0 mark, wipe off and insert into the Na. Cl. solution and draw fluid into it until it reaches the 101 mark; the bulb is then agitated and one-third of the fluid rejected to wash out the capillary portion of the tube. The slide being in

readiness a small drop of the mixture is placed in the center of the cell and covered accurately with a coverslip, care being taken not to get any fluid under the outer rim which supports the coverslip. In a few minutes the corpuscles will have settled and we now examine the slide under a low power to see if the corpuscles are evenly distributed, if not, the spread is rejected and a new one made. As many squares as convenient are counted in vertical rows of four, the cells touching the upper and right-hand lines (no matter on which side) being also counted. Divide the total number by the number of squares and multiply the product by $400 \times 10 \times 100$.

We may now finish the dilution in the hemoglobin tube until it equals the color of the test—liquid when seen in reflected light against a sheet of white paper.

The red cells number normally about 5,000,000 per cubic millimeter. A polycytosis occurs in cyanosis, asthma and in normal individuals on high altitudes.

The white cells may be diminished—hypo-leucocytosis; when increased we have leucocytosis; when enormously so, leukemia. Cabot says: "Leucocytosis is the presence in the circulating blood of an increased number of white cells of the same varieties morphologically as those in normal blood, a plurality and generally an overwhelming plurality being polynuclear." Leucocytosis may be physiologic as after meals, or pathologic as in pneumonia, some infectious diseases, and in suppuration. The presence of leucocytosis in the absence of any other condition to account for it is diagnostic of suppuration. Thus, if after operation there is rise of temperature, the presence of leucocytosis is indicative of suppuration. In appendicitis, leucocytosis, especially in connection with peptonuria, is indicative of pus formation. In malaria there is no absolute increase of leucocytes but a relative increase in the eosinophile cells. Leukemia will be considered later.

Abnormal constituents in solution are denominated by the radicle of the Greek word of the substance being used as a prefix to the word hemia, thus: Lipemia, uremia (a misnomer), glyosemia, cholemia, etc. A horrible word "uricacidemia" has found its way into the medical press. It should be lithoxy-hemia.

Now, with reference to the morphology of the blood elements, commencing with the red cells, we have those with and

those without a nucleus. Ehrlich denominates the former "blasts," the latter "cytes," thus: Erythrocytes (normal), microcytes (small), macro and gigantocytes (large), poikilocytes (irregular shaped); normoblasts (normal size), microblasts (small), megaloblasts (large), poikiloblasts (irregular shaped). Microcytes are found in all diseased conditions of the blood except in chlorosis. Poikilo, macro and gigantocytes are present in grave anemias. Nucleated cells are usually present in blood regeneration. In grave constitutional disorders the red cells are sometimes polychromatophile, supposed to be due to necrobiosis. In acute anemia from hemorrhage regenerative changes are absent.

The white cells are divided into uninuclear, polymorphonuclear and polynuclear. Ehrlich's classification as accepted to-day distinguishes the acidophile (?), basophile and neutrophile granulations, all others being dropped. No great diagnostic value is at present ascribed to the relative proportions of these. The acidophile cells are enormously increased in malignant lymphoma, and slightly increased in malaria, more so in leukemia.

A. Fraenkel has simplified the classification of leukemias. He distinguishes two forms, lymphocythemia, which runs an acute course, and leukemia, which is chronic and contains the polymorphous cells of the germinative area of lymph glands (Schwyzer). As to the formation of granules it has been shown that the antiseptic principle of the blood, alexin, is derived from pseudo-eosinophile (granular) cells; it is a nuclein derivative and is secreted by living leucocytes. Leucocytosis increases the antiseptic power of the blood as has been abundantly demonstrated by laboratory experiments.

The third corpuscle (platelet) is now believed to be the nucleus of the fragmented erythroblast in the periendothelial cells of the spleen spaces. This has been demonstrated by Guiteras in the spleen of a case of pernicious anemia. Schwyzer and Howell believe them to be fragmented nuclei of leucocytes. Guiteras says the erythroblast sends a nuclear bud through the lining of the endothelial spaces and this bud collects hemoglobin around it thus forming an erythrocyte; if a portion is broken off and remains in the red cell a nucleated red cell is the result. Finally, if the nuclear fragment is not surrounded by hemoglobin, we have a platelet. Blood plaques are said

to be increased in neurasthenia (Bremer), and Mosen found by experiments on decalcified blood that they furnish nucleo-albumin, the antecedent of fibrin ferment, thus playing an important part in coagulation. This would favor the view that platelets are at least partly formed from fragmented nuclei of leucocytes. The significance of platelets has heretofore been a matter of a great deal of speculation. They are best demonstrated by allowing a drop of blood to exude into a drop of osmic acid (2 per cent.) previously placed over the site of the puncture. In blood treated with oxalic acid and centrifugalized the uppermost layer contains them in great numbers.

In cases of typhoid fever there is a body in the circulating blood or its plasma which checks the motility of the Eberth bacillus when added to a bouillon culture. A dried cover glass as obtained above, or a rather more generous quantity dried on a slide may be moistened with a little distilled water and a drop of the bouillon culture added, the cover glass inverted over a shallow cell slide and examined with a high power dry lens, when shortly the bacilli will cease their motions and agglutinate into "clumps." This modification of Widal's test was first announced by Wyatt Johnston and variously proved to be efficacious. It is admirably adapted to cases where blood is sent to a bacteriologist at a distance. The reaction takes place many weeks after the blood is drawn.

In influenza a drop of the blood on serum-agar will give the characteristic confluent colonies of the influenza bacillus. Bremer found that diabetic blood gave characteristic color reactions with a mixture of eosin and methylene blue, even where the quantity of sugar in urine was too small for recognition by ordinary tests.

The examination of blood for malaria in its various forms is perhaps of greater interest to us here than any other department of practical hematology. As formerly Laveran, Golgi, Barbacci, Mannaberg and others were quoted whenever reference was made to the polymitus malariae, so to-day the very classic work of Thayer and Hewetson is constantly referred to, since it embraces all the bibliography and also the collective results of over 600 cases examined in Baltimore.

Three distinct varieties are now recognized, viz:

1. The tertian parasite.
2. The quartan parasite.

3. The estivo-autumnal parasite.

The tertian requires about forty-eight hours for its complete development, is associated with relatively regular paroxysms, lasting on an average from ten to twelve hours, associated, almost always, with the three classic stages—chill, fever and sweat. Frequently, infection with two groups of parasites gives rise to quotidian paroxysms; rarely, infection by multiple groups of organisms gives rise to more irregular, subcontinuous fevers.

2. The quartan parasite requires about seventy-two hours to develop. It is associated with fever, exhibiting regular quartan paroxysms. Infection by two groups give rise to double quartan fever; infection by three groups is associated with daily recurrences.

3. The estivo-autumnal parasite passes through a cycle the length of which probably varies from twenty-four to forty-eight hours or more. In the peripheral vessels few stages in its development are found, the main seat being apparently in the spleen, bone marrow and internal organs. The fevers vary greatly; there may be quotidian or tertian intermittent fever, or more usually, more or less continuous fever with irregular remissions. The individual paroxysms last about twenty-four hours. Irregularities depend probably upon variations in length of the cycle of development of the organism, or upon infection with multiple groups of parasites.

"We have not been able to separate two distinct varieties of the estivo-autumnal parasite, though we feel that more investigation is needed upon the subject."

The differential diagnosis between the tertian and quartan plasmodia is made from the following parallel, adopted from Golge:

TERTIAN.	QUARTAN.
Completes evolution in two days. Ameboid movements of parasite very active.	Completes evolution in three days. Ameboid movements less active.
Causes rapid decoloration of red cells.	Causes no decoloration.
Causes increase in size of red disks.	Causes the red cells to become smaller.
Pigment grains and rods are small.	Pigment grains and rods relatively larger.
The number of leaflets in "daisy" and of the resulting spores is large, from 16 to 24.	Number of spores resulting from segmentation of the intracellular elements is very much smaller—one-half or less.

To examine the blood for plasmodia, one of the cover glass

spreads is hardened in absolute alcohol (preferably containing a drop of formyl) for ten minutes and stained in a solution named after many authors but used first, I believe, by Canon for staining the influenza bacillus and recommended by Sforza:

R.—One-half per cent. solution of eosin in	
seventy per cent. alcohol.....	20 pints.
Saturated aqueous solution of methy-	
len blue.....	40 pints.
Distilled water.....	20 pints.

Mix.—Stain for one-fourth to one hour at room temperature, mount in Canada balsam or mucilage and examine under a 1-12 oil immersion with an Abbe condenser.

The tertian and quartan parasites start as free, actively moving ameboid bodies which finally gain entrance into the red disks. Here they undergo their characteristic changes as enumerated in the above parallel. The successive stages are: Actively motile small ameboid bodies, at first extra-corpuseular; then they invade the cells and grow, their ameboid action diminishes, motile pigment granules accumulate in their interior, indentations appear at the periphery, the pigment accumulates in the center, the indentations deepen to form "daisies," each leaflet having an apparent nucleus; finally these separate into individuals, the pigment is discharged into the corpuscle which ruptures and sets free the resulting ameboid bodies. These mostly disappear from the peripheral circulation until some hours before the next expected paroxysm. The evolution of the estivo-autumnal parasites is given differently by different writers. Many of the stages doubtless take place in the internal organs. The crescents are characteristic of this variety of malarial organism. The writer, and also Dr. G. B. Young, of the United States Marine Hospital Service, at Memphis, have never been able to find the crescents in this latitude.

In conclusion, I beg to call attention to the diagnostic value of practical hematology in a few illustrative cases.

I. Emma B., aged 8, was being treated by Memphis physicians for typhoid fever. At the end of six weeks there was no improvement. She was known to have spina bifida but no connection was believed to exist between this and the present trouble. One of the physicians sent me some urine (without a history) for supposed diabetes insipidus. It had a specific gravity of 1.005, was very slightly acid and contained neither acetone nor

diacetic acid, thus excluding diabetes insipidus. Pepton was found and probable diplococcus meningitis diagnosed. Blood examination revealed marked leucocytosis (1.120) and thus the diagnosis was confirmed. Tapping of the cord was advised but declined, and the child died. No autopsy was permitted.

II. In December, 1895, a patient, Mr. H. G., aged 28, called with what he believed to be gastric ulcer. Several physicians had made this diagnosis. An examination of gastric contents after a test meal revealed great diminution of free H. Cl. and other evidences negative of this diagnosis. Several remedies for supposed chronic gastritis with hypochlorhydric failing of relief, the blood was examined and found to contain 2,560,000 red cells. The slide was left standing over night for no special reason, and on the next day a number of malarial parasites at a stage which did not permit of differentiation were found to have taken the stain so as to be recognized. There being no intermittent fever the patient was put upon arsenic and strychnine and made a rapid recovery from that date.

III. Miss R., aged 19, consulted me for a vague weakness with no subjective symptoms. Blood examination was not permitted and a tonic prescribed without benefit. At the next visit, a week later, she allowed a blood test. The red cells were 4,348,000, hemoglobin 40 per cent. Chlorosis was considered the existing condition, and Gude's peptomangan improved her condition rapidly.

IV. Mrs. McL., aged 52, came to me from Mississippi, a morphine habitue. She had passed the menopause with great suffering and was taking fifteen grains morphine and four ounces of whisky daily. Her lips, lower lids, and finger nails were purplish-black and the tarsal cartilages white. A puncture into the ear brought blood so loaded with fibrin elements that a hemoglobin estimation could not be made, the blood coagulating at once; the count was made with great difficulty after several trials and was 2,680,000. In consequence of this finding she was put upon sodium nitrate and Fellows' hyphophites, with cascara sagrada. The whisky was stopped at once and replaced by hypodermics of strychnine, the morphine reduced to total deprivation within a week, without any other treatment. Massage was used during the convalescent stage. She left for home two days before the expected time and a second blood examination could not be made. To-day, five weeks after beginning treatment, she

is better without the morphine than she was months ago with it. She is continuing the Fellows', as it will take many weeks to restore the blood. This case also shows the absurdity of a specific for the morphine habit.

I have not added a bibliographic index as this is an informal paper and not intended to present any new discovery.

A Case of Punctured Wound of the Skull, With Remarks on the Importance of Operative Interference in Injuries of this Nature.*

BY MICHEL HOLDER, B. SC., M. D., MEMPHIS, TENN.

Late Surgeon in Dutch Merchant Marine Service.

This seems to be an era of special activity in brain surgery. In view of the striking advances that have been effected in the technique of this branch of surgery within the last decade, one is sometimes tempted to believe that the brain will tolerate almost any operative procedure without any great measure of risk.

Craniectomy, however, even to-day, is not entirely devoid of danger, but when properly performed the results are almost uniformly successful, and, in my opinion, the danger lies not in the operative procedure so much as in the condition produced by the disease or injury, demanding such interference.

In reporting this case I wish to call your attention to some points of special interest in the symptomatology. Before proceeding, however, I will depart from the usual form and preface instead of concluding my remarks with the stereotyped statement that "the patient made an uneventful recovery."

Wm. S., aged 40, married, of healthy parentage, had enjoyed previous good health, was struck just above the left temple and sustained a fracture of the skull in October, 1896.

When he recovered consciousness he was found to be slightly paralyzed on right side and aphasic. I first saw him on October 19, at his home, about twenty-four hours after the receipt of his injury. His condition was then as follows:

He had partial motor paralysis of the right leg and arm, grip of left hand decidedly stronger than right (is right handed), muscular co-ordination perfect on left side, much impaired on right, hearing good, smell and taste subjectively unimpaired.

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The right side of the face was paralyzed and the tongue deviated to the right and was slightly tremulous. He felt the prick of a pin over the paralyzed area, but sensation did not seem to be quite normal. Knee jerk, ankle clonus and Achilles' tendon reflex were not tried. The pupils were equally dilated and responded to light promptly, pulse and temperature practically normal. He could not utter a word, but appeared to be rational and seemed to understand everything that was said to him. Strange to say while he had lost the power of articulate speech he retained the power of writing.

There was a punctured wound in the scalp at a point on the left side of the skull, about over the fissure of Sylvius, extending slightly downward to Broca's convolution. A small depression could be felt in the bone. The motor paralysis and paralysis of speech led to the diagnosis of pressure. Dr. W. B. Rogers saw him in consultation with me, and agreed that the symptoms pointed to pressure on the center of speech and motor area on the left side. An immediate operation was indicated, which accordingly was performed with the assistance of Dr. Rogers and Dr. Johnson.

The head was shaved and thoroughly scrubbed and enveloped in a dressing of absorbent cotton saturated with a one to two thousand sublimate solution, to await operation, which was done several hours later. Ether was used.

The usual semilunar flap was raised and the depression exposed. Bleeding from the scalp was controlled by hæmostatic forceps. The injury to the skull was found to be a penetrating one. By means of the gouge and mallet the opening was enlarged. The point of a knife blade (the offending instrument) was detected buried deep in the brain substance. It was also found that several fragments of bone had been depressed; these, together with the point of the knife blade were removed. It was found that a grooved director, carefully introduced, would go by its own weight several inches in a downward and inward direction, through the substance of the brain. At this juncture an ounce or more of blood-stained cerebro-spinal fluid escaped. After all bleeding had been stopped the wound was dusted with iodoform, a drainage of sterilized gauze was introduced into the most dependent part, and the flap closed with interrupted silk sutures, leaving room for drainage; an outer antiseptic gauze dressing was then applied. His mental processes soon began to

show marked improvement. Twenty-four hours after the operation he could pronounce his name, a week later he would reply to questions put to him, but his replies were slow and his use of language evidently imperfect. On December 1, (about six weeks after the operation) he went back to work. The motor paresis was entirely relieved, and while his articulation is not yet perfect, for he can not express himself as he formerly did, yet there is a steady, gradual improvement, and in the course of time the writer believes he will have full possession of this once lost power.

With regard to his speech the vagaries of cerebral lesions involving loss of speech are well known even to the writers of fiction, but the explanation of the curious dissociation of the speaking and writing faculties, as is noticed in this case, still continue to puzzle those whose work lies in this direction. It has been suggested that the alphabetic symbols are registered in a part of the brain which is distinct from the ordinary word center. In the case of such inexact knowledge we are forced to choose between a working hypothesis, which may lead us astray, or a confession of ignorance, which, to say the least of it, is embarrassing.

REMARKS.

No injury of the head, however slight to outward appearance, should fail to receive the closest scrutiny. No scalp wound should be closed until by inspection with the eye and touch with the finger the surgeon is absolutely certain that no broken bone exists. The scalp is so movable that it often slips downward from the force of the blow, to return to its original position when this force is removed, thereby covering the seat of fracture. It, therefore, not infrequently happens that the fracture will be found at a point some distance from the scalp wound, thereby escaping the notice of the medical attendant, and is only disclosed when a flap of skin is turned back. The immediate result of such a fracture might not give rise to serious symptoms, but if neglected at some future period it, in all probability, will cause trouble, and as an exploratory incision is not to be regarded as to any extent adding to the danger of the original lesion, and as it can be made with perfect safety, it is to be recommended in nearly all cases.

I would strongly advocate the use of the gouge and mallet

instead of the trephine for making the preliminary opening into the skull, the enlarging to be done with the Rongeur forceps, believing that the trephine is not an instrument which could be used with safety in the hands of the general operator. In case, however, that the trephine be used in an exploratory operation the external plate can be removed to allow an inspection of the internal table before opening into the brain cavity, thereby determining whether or not there be depression. This should likewise be done when the gouge and chisel are used.

In the case of very young children the two tables are merged into one, and the bone being soft, it has been found depressed even when not fractured and can often be readjusted by manipulation or by the application of the cupping glass, using a wall of putty if the surface is uneven and then making strong traction.

A three per cent sterilized boric acid solution seems to be less irritating to the encephalon than any of the other antiseptic solutions commonly used in surgery. Hæmorrhage is generally best controlled by packing with gauze, of course, any bleeding vessels that can be seized should be ligated with catgut. Hæmorrhage in the diploe is best controlled by using decalcified bone pins (as suggested by Senn). The closure of the bone opening by an artificial plate is not necessary. Horsley finds no inconvenience from large skull openings.

Punctured wounds of the skull may be regarded always as compound fractures of the most fatal kind. The rule in cases of this nature is iron-clad, to trephine whether there be any brain symptoms or not. "Teevan's experiments seem to show that when the skull is struck and the bone yields, it gives way first on the side of extension (the concave side), and while the outer table, from its elasticity and its more solid support, regains nearly or quite its normal level, the internal table does not, but remains in its fractured condition about at the level of its greatest depression." In the writer's observation it is rare to have presented the inner table fractured when no injury to the outer table has occurred.

The doctrine that fractures of the skull without marked symptoms require no operative interference, should be held responsible for many of the unfortunate sequels of head injuries. The slightest imaginable depression, save in one or two localities, will in all probability encroach upon the dural nerves and cause more or less irritation, this will eventually be propagated

to the meninges and subsequently to the cortex and brain ganglia(until finally one of the many dire results will occur. If, therefore, the profession would accept the principle that practically all fractures of the cranium, irrespective of pressure symptoms, or rather that all injuries of the head, irrespective of pressure symptoms, were proper subjects for exploratory operations, traumatic epilepsy and other sequelæ would be rare affections.

Dr. Agnew's deductions on this point are as follows:

"That all fractures of the skull attended with depressions, however slight, and entirely irrespective of symptoms, should, in view of the late after effects, be subjected to the trephine. The writer shares the opinion of Dr. Agnew and suggests that it is the duty of the attending surgeon to operate in all such cases as promptly as possible. We have never seen any bad results follow this procedure, but have seen great harm come from leaving it undone."

Dr. Dugan, of Louisville, states: "So thoroughly am I convinced of the wisdom of exploratory craniectomy, of our utter inability to judge the condition of the deeper parts of the fracture by what we see on the surface, of the great danger attending all cases where the fragments of the internal table are forced down on the brain, of the ease and safety with which these operations are done, that if I were the victim of such an injury I would request that the skull be opened."

Quoting from a recent authority on surgery, "To sum up the matter, in any fracture of the vault, simple or compound, in which there are symptoms of intracranial mischief, it is proper to incise the scalp and trephine. If there are no symptoms pointing to intracranial mischief, but there is marked localized depression, from which we should infer the probability of either immediate or remote ill consequences, we should trephine. If, however, in a simple fracture there be no decided depression and no brain symptoms; the expectant plan may be pursued."

Ipecac in the Treatment of Malarial Dysentery.*

BY R. E. HOWARD, M. D., DURANT, MISS.

In this progressive age the world is ever grasping for something new. The wonderful advances that have been made in

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Materia Medica and Therapeutics in the last decade would seem to warrant us in joining the mighty army in the search for some new remedy which will act as a specific, but in this restless search we should not lose sight of the old remedies which have proved to be of inestimable value.

It is not so much the new drugs we need as it is a thorough knowledge and application of the old. Our lack of knowledge is still very great. True, nature will maintain her laws regardless of theories and methods, and patients will recover, believing the happy result to be due to the skill of their physicians, but this does not in the slightest degree lessen our responsibility. And how important it is that we should avail ourselves of every means to become more thoroughly informed. In this very brief paper I wish to call your attention to the use of ipecac in the treatment of malarial dysentery.

Ipecac has been used as a remedy for dysentery since 1750, and in my opinion it is to-day as near a specific for malarial dysentery as quinine is for chills. That is, if the details are thoroughly carried out.

I have had such great success in the treatment of this trouble with ipecac that I generally feel safe in saying to my patients I can relieve you in twenty-four or thirty-six hours, provided, of course, that I am correct in my diagnosis.

In the treatment of ten or twelve cases of malarial dysentery, some of whom who have had the trouble for two years, most of them were relieved in twenty-four hours. I will report only one case: Mr. J. H., aged 35, had been suffering for two years from what he supposed was an ulcerated condition of the rectum which he had been told by some physician at Hot Springs; he also consulted a specialist who failed to find any ulceration. As a last resort he came to Castalian Springs. When I first saw him he was having from eight to ten bloody mucous discharges a day. I made a thorough examination and told him that I thought he was suffering from malarial dysentery, and that if I was correct in my diagnosis I would cure him in two days.

On the night previous to the beginning of the ipecac treatment he was thoroughly put under the influence of quinine, the following morning he was given a hypodermic injection of morphine, followed by sixty grains of ipecac, and was instructed to try to retain it for three hours at least; if retained that long the

patient obtains full benefit of the ipecac. The following morning I examined his stools and found the characteristic ipecac discharge, but to feel more fully assured of his recovery, I gave a second treatment.

After the effects of the ipecac had worn off he had no passage from his bowels for two days. I put him on an anti-malarial treatment and he has had no return of the trouble.

Ipecac acts by stimulating the mucous membranes, increases secretions, especially secretions of the intestines.

In all malarial troubles there is more or less portal congestion; it is through this channel the ipecac does it work. In the stools from malarial dysentery there is to be found a few black spots about the size of a pea that I consider a sure symptom of the malady.

I have used ipecac in other forms of dysentery without any good results. In this as in other malarial troubles there is danger of a return; to avoid this, they should be brought thoroughly under the influence of quinine, iron, arsenic and strychnine.

Puerperal Septicemia.*

By J. D. WALKER, M. D., STEEN'S CREEK, MISS.

There is no disease in the whole range of obstetrics that has caused more discussion and difference of opinion than puerperal septicemia. One writer after another has given his views as to the nature of the affection too numerous to mention, so I will only attempt to give a brief outline of the disease and treatment, also relate a case which lately came under my observation. The symptoms of the disease vary in different cases, owing chiefly to the greater or less amount of poison absorbed and also according to the organs implicated, which renders it exceedingly difficult to describe satisfactorily.

SYMPTOMS.—Generally within forty-eight or seventy-two hours after delivery the onset of the disease is announced by chilly sensations, but not always so. The pulse varies from 100 to 140 and sometimes 160, according to the severity of the attack. The temperature is raised to 102 degs. to 103 degs., and in severe cases may reach 105 degs. to 106 degs. There may be little or no pain or there may be slight tenderness on pressure over the

*Read before the Mississippi State Medical Association, April, 1897.

abdomen. As the disease progresses the intestines become distended with flatus so that intense tympanitis forms a most distressing symptom. The countenance is sallow and sunken and has an anxious expression, the intellect is in many cases unimpaired, and in others we have low muttering delirium, which usually occurs at night. Diarrhœa and vomiting is an accompaniment in severe cases. Diarrhœa is sometimes almost uncontrollable, and as a matter of course very exhausting to the patient. The lochia are generally suppressed or altered in character and highly offensive; the secretions of milk is usually arrested, in many cases general peritonitis develops. Duration of the disease is from a week to ten days, and sometimes even longer.

TREATMENT—1. We are to find, if possible, the source of the poison. 2. To keep the patient alive till nature can throw off the poison. 3. Treat local complications as they may arise. Carbolyzed vaginal douche should be used regularly, and if there be a rent in the perineum the wound should be thoroughly cleansed and packed with iodoform gauze, or if there be much discharge of foul smelling lochia we should resort at once to thorough intra-uterine irrigation, when there is a clearly defined localized inflammation in structures not accessible to local treatment and incidentally free drainage wanting. In such cases as pus tubes or well marked accumulations of pus elsewhere, in the pelvis outside of the uterus, opening and perfect drainage is required. When the infection is limited to the uterus we should remove all diseased tissue with curette and thoroughly irrigate the cavity with carbolyzed solution. As to medication we have no specific, we should therefore treat the symptoms as they may arise. The first indication is to clear out the alimentary canal by giving sulphate or citrate of magnesia, perhaps in some cases it is better to give a mild course of calomel; to control pyrexia frequent sponging with tepid water and alcohol. Morphia should be administered when indicated to relieve pain. Alcoholic stimulants, such as brandy, whisky and wine should be given liberally when the strength of the patient begins to fail; as cardiac stimulants give digitalis, strophanthus and strychnia, and the latter is preferable in my experience. Quinine should not be given save in cases where we have reason to believe are complicated with malaria. The diet should be highly

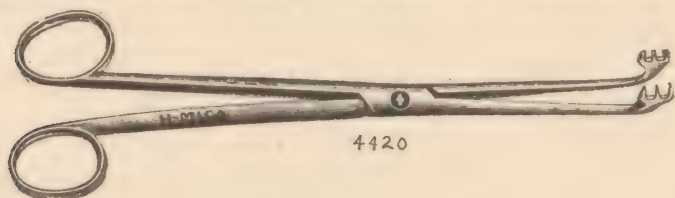
nutritious, strong beef tea and other animal soups, egg-nog, milk punch, being always careful not to overload the stomach.

Now the case which I propose to report was seen in consultation with Dr. D. B. C., on August 17, 1896. Mrs. L., primipara, had been in labor twenty-four hours. At this time she was having convulsions; we administered chloroform and delivered with forceps a dead tetus. There was a slight laceration of the perineum. Fifteen hours after delivery chilly sensations came on. Temperature was raised to 103 degs., pulse 120, wirey, patient very nervous, some tympanitis; on evening of the 19th had another rigor, temperature still about 103 degs. Tympanitis increased with considerable tenderness on pressure over region of the uterus; a saline purgative was administered and carbolized vaginal douche was ordered to be used three times daily, turpentine stoupes applied over the region of the uterus; August 20th, patient rested better; 21st, evening, had another rigor; at this time extreme tenderness and general peritonitis developed and foul smelling lochial discharge set up. The entire uterine cavity was irrigated. Temperature dropped to normal within a few hours, remaining thus till evening of the 23d, at which time patient was seized with a violent chill, temperature rapidly arose to 104½ degs., pulse 150. At this stage an uncontrollable diarrhœa set up; the condition of the patient remained unchanged for about three days, during this time she suffered with violent neuralgic pains in left arm and left leg. Treatment as before named was kept up and also internal administration of astringents to control diarrhœa; from this time on the patient's condition gradually improved and she had an uninterrupted recovery. I will state, however, that the patient was kept on supportive treatment altogether. Whisky, wine, egg-nog and milk punch were given liberally. One teaspoonful extract beef wine and iron was given three or four times daily, one-sixtieth grain strychnia sulphate was given every six hours as a heart stimulant. I believe in this case that the primary infection was through the ruptured perineum, which we failed to protect at once, hence the necessity of thorough asepsis and antisepsis should be always observed to avoid the entrance of poisonous germs by keeping the parts clean and protecting wounded surface by dusting the wound with boracic acid and packing the wounded perineum with iodoform gauze.

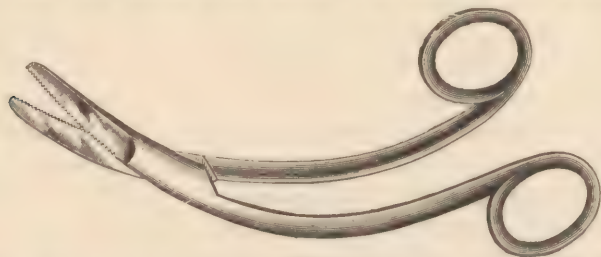
Tonsil Scissors.

By T. A. BARBER, M. D., MERIDIAN, MISS.

Who has not experienced difficulties in performing tonsilotomy and wished for some instrument that would meet the different conditions of an enlarged tonsil. I have used McKenzes old tonsilotome because I thought it one of the best and least dan-



gerous to the patient. Have tried to use McKenzes improved but made a failure, possibly because I had become accustomed to the old. Have tried some other make that is supplied with the raising fork, but do not like them, because they are bungle-some (in my hands), and often when the elevator is fixed through the tonsil some patients are so uncontrollable that at this critical stage you are forced to desist, which is not so very easy to do. If the diseased gland always presented itself the same an instrument could be made that would be available. After some



thought and much trouble in removing those enlarged glands, I had made an instrument that meets most indications in my hands. It is simply a pair of curved scissors, of proper curve and strength, with serrated blades. By catching the tonsil with a Burrow's Tonsil Forceps, raising it out of its bed, it is an easy matter to clip it off with my scissors, and another very important thing, you never have but little hemorrhage which is something very alarming after using the smooth knives. The serrated blades act as a torsion compressing the blood vessels, preventing almost all the flow. This instrument is a modification of some-

one's nasal scissors, I have been unable to find the inventor. In offering this little instrument to the profession I feel that it should be at least accorded a place among, as it is inexpensive, easy to handle, not requiring an assistant. The cuts show both the Burrow's forceps and my scissors and are manufactured by the Holecamp-Moore Instrument Company, St. Louis, Mo.

Correspondence.

BILOXI, MISS., November 26, 1897.

Capt. W. H. Hardy, State Senator, Meridian, Miss.:

My Dear Captain—Now that the smoke of the battle is fading away I look back over the field, and among the relics of the terrible conflict find your unanswered letter, which gave me cheer and courage to continue in my efforts against an invisible foe of our State. In view of what you then stated relative to the Gulf Quarantine Station at Ship Island I deem it proper to place in your hands some facts concerning the responsibility of the admission of yellow fever into Mississippi.

The attention of the public is being directed to New Orleans and Mobile as the responsible points for the admission of the disease. This is done to divert the public mind from the true origin and to prejudice that mind against the service of local boards of health in our own as well as in sister States. If the people desire to subordinate the public health to commerce then they want the sanitary affairs of the country controlled by the Federal government, but if they do not desire such subordination they want these matters to remain in the hands of the local health authorities. Under the excitement incident to the threatened invasion of cholera in 1893, congress did the unwise act of enlarging the powers of the Marine Hospital Service, thus paving the way for the yellow fever epidemic in 1897.

Strange that many people now desire to give this service further power when it is clearly and unmistakably responsible for our present epidemic and the admission into the United States of every case of yellow fever since 1878. I think I am in a position to know the facts, as well as anyone, and while the Marine Hospital Service will endeavor to saddle the responsibil-

ity of the present invasion of yellow fever on New Orleans or Mobile, I tell you in all candor that the Gulf Quarantine Station at Ship Island, operated by the Marine Hospital Service of the United States, is responsible for it. To suggest that New Orleans or Mobile is responsible for the admission of yellow fever into Ocean Springs is absurd, when it had been at Ship Island, only eight miles away, during the summer and nothing to obstruct communication with the main land, except the honor of seamen.

The fever made its appearance in Ocean Springs about the last of June. If it had been carried there from New Orleans or Mobile, then it must have been in the city from which it was carried at least two weeks before that time, or two months and a half before it was diagnosed and declared to exist at Ocean Springs. The question then would naturally arise: Why had it not become epidemic in the city from which it was carried, if it had existed there so long? If in Mobile, why had not some one of the many small towns in Mississippi and Alabama, holding daily communication with that city, become infected? If in New Orleans, why had not some one of the hundreds of towns in Louisiana, Mississippi and, indeed, the entire South, holding communication with that city, become infected? The truth is that up to the time yellow fever was announced at Ocean Springs, only one interior town of the entire South had become infected, and that was Edwards, Miss., whose infection was clearly traced to Ocean Springs.

Now, it is not my desire to shift the responsibility of the admission of yellow fever from my shoulders to those of others. Whatever responsibility attaches to me, or to our board, I am willing that we should bear, but the records show that after the second day of June, which was due to an order issued by the Secretary of the Treasury, no vessel was touched by authority of our board until its release with free pratique from the Gulf Quarantine Station, thus entirely lifting responsibility from our shoulders. The Marine Hospital Service will not undertake to saddle the responsibility upon our board, and it would be just as far from the truth to charge it to the health authorities of Louisiana, Alabama or Florida.

I have not made a thorough investigation as to the origin of the fever in Mississippi, as my time has been occupied with more pressing duties, but my candid opinion is it came from

Havana, and that it came on the brigantine Estella. This vessel makes regular trips between Ship Island and Havana, and is acquainted with parties along the Mississippi coast. It is charged that during this season she was met and spoken by the tug Leo, while she was some distance out, and that the master of this tug contracted the fever and returned to shore. This occurred, however, after the fever was declared at Ocean Springs, and is only mentioned to show the laxity of quarantine methods at Ship Island and inappropriateness of its location, and how the fever might be introduced. On the 12th day of June the brigantine Estella arrived at Gulf Quarantine Station from Havana and was fumigated and detained until the 19th.

On or about the 16th day of June, or about three or four days after the arrival of this infected vessel, John Eaton, a non-immune employee of the station, was taken ill with a fever which lasted about six days and was regarded as suspicious by the quarantine physician at the station. He concluded, however, that it was malarial fever, which diagnosis, of course, no Southern physician will accept who knows anything about Ship Island and its environments. After this vessel left the national station it was inspected by Dr. Folkes for the State and its sanitary history reported by him as bad. Indeed, Dr. Folkes was so impressed with the great danger from this vessel that he afterward talked with me about it. On the 19th of August this vessel arrived at Gulf Quarantine Station from Havana again, and was detained until the 26th. Aside from this regular report Dr. Folkes wrote me this letter:

CAT ISLAND, August 26, 1897.

Dr. H. H. Haralson, Supervising Quarantine Inspector, Biloxi:

Sir—I report inspection of brigantine Estella from Havana. In national quarantine seven days. One death en route from yellow fever. While in national station had two men in hospital, with what, I do not know. Vessel now O. K. The consular bill of health from Havana reports a very bad loading place for vessels. She will bear watching in future. Her captain can and will state some lucid objections to present situation to Gulf Quarantine Station. Respectfully,

H. M. FOLKES, M. D.

It must be borne in mind that the first arrival of this vessel from Havana, which was followed by a case of fever of suspicious character in one of the employees of the national station,

occurred just before the case of fever at Ocean Springs. It was also after the first arrival of the *Estella*, at Ship Island, and some time in July, that I was called to see a little boy sick with fever on Lameuse street, in Biloxi, just opposite Mr. Batton's grocery store. The case puzzled me no little. The boy was quite ill. Three or four days after making my first visit I was taken ill with fever, and my partner, Dr. Tackett, took charge of the boy's case and treated it to its termination, without satisfying himself as to diagnosis. Mr. Batton has a son who was then working at the station, and had been for some time. Another son, who lives with his father at the grocery store on Lameuse street, was among the first who had the fever in Biloxi. Mrs. Eaton, a daughter of Mr. Batton, was also among the first cases. The first cases of yellow fever diagnosed in Biloxi were members of the Bosarge family. This family, though some distance away, had been trading at Mr. Batton's store.

Taking all these points together, Dr. Gant and I concluded that a further investigation along this line might lead to the real origin of yellow fever in Mississippi. We knew that the cases cited above were among the first that occurred in Biloxi. We were assured that they had no communication whatever with Ocean Springs. It occurred to us that an imperfectly fumigated package or letter from an infected quarantine station, sent in all innocence, might be the means of conveying the deadly infection into the very home of the loved ones of the sender. It is reasonable to conclude that many articles sent to the mainland from this national station are imperfectly fumigated, because an imperfect fumigation of ships with a confessedly old, rickety and inefficient fumigating plant, would naturally beget carelessness and indifference in the fumigation of mails and packages at the station. We had here then a focus of inspection in Scranton that had its origin from the *Estella*, through the *Leo*, and strong evidence that we had another focus of infection in Biloxi that had its origin from the same vessel at the national quarantine station at Ship Island.

We also knew that communication from Ship Island from Ocean Springs was just as easy as communication with that island from Biloxi. We reasoned that if the matter of the tug *Leo* from Scranton, communicated with the *Estella* on her second trip, without the knowledge of the quarantine physician at Ship Island, and contracted the fever therefrom, and conveyed it

to the mainland, why not possible for some one from Ocean Springs to have communicated with her on her first trip and conveyed it to the mainland; or, why not bum boatmen whose vessels remain in Ship Island harbor a larger part of the time, hovering, as it were, around the national quarantine headquarters, communicate, under cover of darkness through an unguarded, unpatrolled quarantine front of miles in extent, with infected vessels in quarantine, and take therefrom infected packages of cigars and tobaccos or infected containers of rum or other articles containing infection and carry them to the mainland? Or why not possible to obtain such articles from unguarded, infected vessels, as they pass through shipping before reaching the quarantine station? It also occurred to us how much more reasonable it would be for parties so bartering to take their goods to Ocean Springs, which is just as accessible to Biloxi, yet is not watched by the keen eye of the customs collector.

These are points we could not ignore, and since Dr. Smith, the national quarantine physician at Ship Island, had invited investigation and had assured the public in a letter to the *Times-Democrat* that he would do everything in his own power to aid in tracing the origin of the disease, we felt no hesitancy in directing the following letter to Dr. Folkes:

Biloxi, Miss., Nov. 8, 1897.

Dr. H. M. Folkes, Quarantine Physician for State Board of Health:

Sir—You are hereby ordered to go to Gulf Quarantine Station and request of the physician in charge a copy of the record of cases treated at his station during the present quarantine season. The date of attack, duration of illness, temperature and pulse charts and results of urinary analyses are especially desired. This request not only has reference to patients taken from vessels; but also of any sickness occurring among employees of the station.

You will also ascertain the character of packages sent from that station by employees and dates upon which they were sent.

H. H. HABALSON, M. D.;

H. A. GANT, M. D.

Coast Representatives Mississippi State Board of Health.

We were surprised when we were informed that the request, modest though it was, had to be referred to the supervising

surgeon general, but we waited patiently, only to be denied our request, as the following letter shows:

Gulf Quarantine Station, Nov. 13, 1897.

H. M. Folkes, M. D., Quarantine Physician for State Board of Health,
Biloxi, Miss.:

Sir—Referring to the request which you have presented from representatives of the Mississippi State Board of Health, for certain information concerning the operations of this quarantine station during the present season, I have to inform you that the supervising surgeon general does not authorize such an investigation as you request at the present time, saying that ‘the attitude and accusations of the State Board have been such as to make necessary these instructions.’

Respectfully yours,

A. C. SMITH,
P. A. Surgeon, M. H. S.

Here is clearly a tendency to conceal, to cover up the records of a public official, which necessarily encourages the tendency to “fix” the records to suit emergencies. Since this request has been denied our board “at the present time,” what importance should be attached to the records of this station in the future? We read between the lines in this letter, “we cannot give you this record now, but we may be induced to give it to you in the future. We can not give it now because of the attitude of the Mississippi State Board of Health toward our service. When this attitude changes, when you quit pointing to our station as a menacing danger to the health of the people and become satisfied to allow us to remain unmolested in our present quarters; when you cease hunting evidence to show the responsibility of our service in admitting yellow fever into Mississippi in 1897, and when you withdraw your charges that it was admitted by our service in 1886, and that our service has been responsible for every case of yellow fever admitted into the United States since 1878, then we will give you a copy of the records of the station.”

These things, of course, we will not do, so that service now can have all the time it wants to “fix” its records and make its clinical charts to correspond with the evidence it will get along the coast to prove to the public that the station is not responsible for the admission of yellow fever into Mississippi.

The people of Mississippi should not rest until the station at Ship Island, which is a standing menace to the health of the entire South, is removed to Chandeleur. I am glad to know that you have such strong convictions on this important question, and that you are determined to lend your influence to the accomplishment of this end.

I am, your friend,

H. H. HARALSON.

[Dr. Smith, the quarantine physician at Ship Island, in a letter to the Times-Democrat of December 16, took exceptions to the above letter and in it stated: "John Eaton was taken sick June 27, not before, and was sick one day and no longer. I made very careful observation of the case attending it in person. It was malarial fever of the simplest form, notwithstanding the circumstances surrounding it and the diagnosis was never in doubt." If the diagnosis was never in doubt why so extremely careful in making observations. I know the doctor will pardon me for asking him what form of malarial fever lasts but one day? He has said, it is true, that it was the simplest form, but I don't understand what he means by that as I do not know that one form is simpler than another. Dr. H. M. Folkes, of Jackson, Miss., is a man whose integrity is above question and whose professional and official record is open to the inspection of the world. The following statement speaks for itself:

Dr. Haralson:

I stated to you that Dr. Smith told me that he had his suspicions aroused about the Eaton case referred to in your letter to Capt. Hardy. He told me this some time the latter part of July. I think I also told you he was sick about six days, and if I remember correctly Dr. Smith gave me this information.

H. M. FOLKES.

Yes, as Dr. Smith says, I confessed I did not recognize a case of yellow fever when I saw it. I think it more commendable in a man to confess his mistakes, for we all make them, than it is to try to cover them up by concealing the record and that too under the pitiable pretense that he is not friendly to me who is seeking to make the investigation. I did not ask an investigation for myself but asked that it might be made by

Dr. Folkes, who is a friend of Dr. Smith. In my opinion the real cause of the denial was that the officer in charge was not *ready* for such examination. His unfriendliness to me and the unfriendliness of that service to me is because I have dared to criticise their official acts.

To further show the inefficiency of the work of this station and to show that Dr. Smith, like other men, may make mistakes, I desire to state that a case of yellow fever, in September, was introduced directly into Mobile from Gulf Quarantine Station. The schooner Franklin had been in quarantine at Gulf Quarantine Station and left the station going direct to Mobile with a case of yellow fever aboard, which had been diagnosed by Dr. Smith as intermittent fever. The public health reports of the Marine Hospital Service show this to be the diagnosis of Dr. Smith. This schooner bearing a certificate of health from the Marine Hospital did not go by the Mobile station at Fort Morgan at all, but went direct to the city through Grant's Pass. I am sure the doctor will deny this, as he denies everything (even denies a state board of health the right to examine the records of his station), but before he does so he had better correspond with the Alabama health authorities.

Truly the doctor must have come South with the impression that it was impossible for a man to have any disease here except malarial fever, as he has failed, in almost every instance, to make any other diagnosis.]

OPHTHALMIA NEONATORUM.—The law of many states require the obstetrician to use prophylactic measures to save the sight of newly born infants. A safe, harmless and positive procedure is the thorough cleansing of the conjunctiva with a 25 per cent. solution of "Palpebrine" and the application of a few drops full strength into the eyes shortly after birth. Many physicians make it a routine rule to use "Palpebrine" even if there is no evidence of liability to infection. "Palpebrine" is an antiseptic, germicide and slightly astringent solution. The Dios Chemical Company, St. Louis, will mail sample and formula on application.

Editorial.

H. H. HARALSON, M. D., - - - - - BILOXI, MISSISSIPPI.

Editor and Proprietor.

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SEC. 7. Admission Cards may be issued by the officers of the Association with the obligation for the candidate's signature in the center and blank marginal spaces on the left and right margins for the signatures of the three members who recommend, and the three officers who admit the applicant to membership.

The above section was adopted in order to admit persons eligible to membership during vacation. Either of the above named officers will furnish, on application, the necessary card.

DIAGNOSIS OF YELLOW FEVER AT OCEAN SPRINGS.

On the 23d of August last, in company with yellow fever experts Drs. Czarnowski, Solomon and Patton, representing the Louisiana State Board of Health, I visited Ocean Springs. These gentlemen had had large experience in yellow fever. We made a thorough clinical investigation of the fever prevailing there and concluded it was dengue. A full report of this was published in the September issue of this journal. On the 27th day of August I returned to Ocean Springs and in company with the health officer of Alabama made another clinical investigation and the same conclusion was reached as to the cases we that day examined except one which we decided as enteric fever.

On the 4th day of September I again was back at Ocean Springs. I met on this visit Dr. Sanders, Health Officer of Alabama; Dr. Goode, Health Officer of Mobile, and Dr. Wasdin, representing the Marine Hospital Service. Up to this visit we had not had an opportunity of holding an autopsy. Learning of a death about one mile out I made arrangements for an autopsy on the body. Dr. Goode went home before we could hold it. About 3 o'clock in the afternoon Dr. Sanders, Dr. Wasdin and I held the autopsy. After completing this work we all three agreed that the pathological findings would ordinarily justify the diagnosis of yellow fever. We knew that the man's previous habits were such that pathological conditions from acute diseases might be obscured, so we agreed to wait before announcing our opinion until the arrival of the Louisiana board, which we expected on the next train. When this board arrived we discussed the matter thoroughly in every conceivable light and concluded that when an opinion of yellow fever is announced, or when yellow fever is declared to exist in a community, this opinion should be based upon evidence that can not be controverted. All agreed the disease, if yellow fever, was modified by some influence that made it very obscure and difficult of diagnosis. We knew that three distinguished, possibly as able yellow fever diagnosticians as in the world, had declared the disease to be dengue. We, therefore, agreed to continue the investigation further. The next day, which was the 5th, we examined and studied many cases. Late in the evening another death was announced. This was a young lady free from any pre-existing habits or disease that would have any tendency to obscure pathological findings of acute diseases.

I went at once and made arrangements for an autopsy, which was held next morning at 6 o'clock. After this autopsy we all agreed the disease was yellow fever and so announced it to the world within one hour or less after completing the work. The above is a true statement of the facts, and how it is that Surgeon General Wyman of the Marine Hospital Service can claim for his service the credit of diagnosing yellow fever at Ocean Springs is inconceivable to me. Each and every man present on that occasion will agree with me that the above is a correct statement of the facts. My opinion of the matter is that Dr. Guiteras was sent South to controvert the diagnosis of yellow fever made by three State boards of health, and failing in

this Wyman arrogantly claims for his service the credit of the diagnosis. I am free to say that if one man deserves more credit than another in arriving at the conclusion that man is Dr. W. H. Sanders, Health Officer of Alabama.

On the 8th of September Dr. Guiteras, representing the Marine Hospital Service, examined twenty-eight cases of sickness in Ocean Springs, and that evening reported to the Supervising Surgeon General that twenty-five of these cases were dengue and three only suspicious of yellow fever. One of the cases was actually dying when he made his examination. Besides, he made this announcement in the face of the diagnosis of yellow fever by three State boards of health and with a full knowledge of the pathological findings in two autopsies held by these boards. If Dr. Guiteras, a yellow fever expert, was honest in this announcement, it shows how difficult of diagnosis was the disease or how small his claims to the reputation he bears. Here was a man, who as a yellow fever expert stood higher, possibly, in the estimation of the people than any man in the United States, falling into the same error we had fallen into on the 23d and 27th of August, even after two autopsies had been held, and he in full possession of the pathological findings in each. Subsequent events demonstrated to him his mistake, yet he did not have the courage and manhood to confess, like a manly man would have done, that he had committed an error.

The same mistake was made at Edwards even after yellow fever had been announced at Ocean Springs, when it was known that the fever prevailing there had been carried from Ocean Springs. Mistakes of the same kind were made in New Orleans, Mobile and Bay St. Louis. The statements sent out from these towns that dengue and not yellow fever existed with them was not done with any intention of concealing or covering up the truth, but was the honest conclusion of men after making thorough investigations. Some physicians may lie some times but all physicians will not lie all the time. I know personally how earnestly we worked at Ocean Springs and how well we weighed all the evidence in reaching our conclusions. Too much was at stake to make a diagnosis of yellow fever on superficial investigations, even though a slight delay might do some harm.

I have gone thus fully into this matter of the diagnosis of yellow fever at Ocean Springs and other points because of a report made by me and published in the September issue of this

journal and because I think the profession should be in possession of all the facts.

SHIP ISLAND QUARANTINE STATION.

I believe that a majority of the people of Biloxi are opposed to the removal of Gulf Quarantine from Ship Island to Chandeleur. There are several things that contribute to this opposition. The health authorities, since the first of September, have been antagonized by an element in Biloxi in their efforts to protect the people of this State against yellow fever. The antagonistic element pretends to believe that yellow fever has not existed here during the past season. So bitter is the antagonism that anything a State health officer might propose would be opposed by this element. The State Board of Health is committed to the removal of Gulf Quarantine Station, the element referred to above opposes it, not because of any merit they can see in their cause, but because the State Board of Health favors it.

The Collector of Customs in this district lives here. He has a following independent of the element referred to above. He is an official in the treasury department; the Marine Hospital Service belongs to the same department. It is stated that his term of office has been extended until July. The enquiring are curious to know why. This Collector of Customs is the gentleman who has been drumming up the meetings that have been protesting against the removal of the station, endorsing the Marine Hospital Service and demanding the resignation of the State Board of Health. I am sure Dr. Wyman, his coadjutor, would be glad to see the present Mississippi Board out of his way.

The pilots oppose its removal. There are seven or eight of them and they nearly all live in Biloxi. Viewed from a selfish standpoint we can see why they would oppose the removal of the station. Being immune themselves—as most of them are who oppose it—they can not suffer even though yellow fever should again invade our territory. With the station where it is they get pilotage on all vessels, even those bound for Horn Island, because all these vessels have to come in to Ship Island harbor to get pratique of the Marine Service. If the station was removed to Chandeleur Island these vessels could all sail into

the harbor and those bound for Horn Island would escape pilotage, and the pilots therefore would be the losers. These, with a few merchants who sell goods to these ships while in quarantine, and a lot of bum boatmen who dread the waters between the shore and Chandeleur, constitute the principal opposition to the removal of this station from Ship Island to Chandeleur.

The following editorial from the Times-Democrat of the 30th of December is timely:

THE MENACE OF SHIP ISLAND QUARANTINE STATION.

A mass meeting of citizens of Biloxi held Tuesday protested against the removal of the United States Marine Hospital quarantine at Ship Island and demanded the resignation of the Mississippi Board of Health. The meeting was called to order by United States Collector A. M. Dahlgren, who, we are further informed, was largely instrumental in getting it up. This is a most unusual proceeding, and one likely to cause a serious strain between the State and Federal officials—for a Federal officer to organize a meeting called for the purpose of demanding the resignation of gentlemen holding their commissions from the Governor of the State. Nor do we believe it proper for an officer of one branch of the Federal service to call a meeting to indorse another branch of the service where there is some clash between it and the State authorities.

Without further considering this point, however, and merely looking at the question of the Ship Island quarantine, we must differ most emphatically from the view taken by the Biloxi meeting. The question is one far greater than Biloxi or Mississippi, for it affects the whole South, if not the whole country. Biloxi is deeply interested, but no more so than the thousand towns in the South whose health, business and prosperity are endangered by Ship Island quarantine. The location of that quarantine can not be left to Biloxi or to the Mississippi coast. It is a matter upon which the whole South must be consulted, and we have little doubt as to what the South will say about it.

Five reasons were given at the Biloxi meeting why the quarantine station should not be removed. One of them is no reason at all—the good work done by the United States Marine Hospital Service during the late outbreak of fever. That work deserves and has received the thanks of the people of the South, but does not bear in any way on the question of the proper loca-

tion of the quarantine station. The Biloxi meeting also declares its belief that Ship Island is not a menace to the health of the South—but that is merely an opinion, which a large majority of the Southern people do not share.

The three valid arguments presented are the fact that Ship Island offers a good harbor; that there are quarantine stations located within two to six miles of New York, Philadelphia, Baltimore and other large cities, and that the removal of the station will be damaging to the lumber trade of the Mississippi coast.

Even if Ship Island has a good harbor, it is not the only good harbor on our coast.

The quarantine stations near New York, Philadelphia and other great cities can be carefully watched, and there is far less danger of any violation of the quarantine law at them, or of the mixing of infected with uninfected persons than there is at Ship Island, where a similar watching and supervision are impossible.

The argument of interest—that is, the possible effect of the removal of the quarantine station on the Gulf lumber trade—is, we imagine, the chief argument from the standpoint of Biloxi. It is claimed that the extra expense which vessels will be compelled to pay chartering for Ship Island, and the delay, risk and annoyance to which they will be subjected, will have the effect of driving many that would otherwise come to the Mississippi coast elsewhere to load.

We believe this to be an error. If the Ship Island quarantine is the cause of the appearance of the yellow fever on the coast, at Biloxi in 1886, and at Ocean Springs this year, it is a serious hindrance to the lumber trade rather than a convenience to it. And even if the removal has the injurious effect on this trade predicted, if it keeps the fever out, Biloxi will be all the richer for it. The loss from an epidemic will swallow up the profits of a decade or more of the lumber trade.

But aside from that, as we remarked before, the health, business and prosperity of the South can not be put in danger because of the lumber trade of the Mississippi coast, or any other State. Some twelve or fifteen million people, if not the whole Union, are interested. The appearance of yellow fever on the Gulf coast makes itself felt in Chicago and New York. It unsettles the entire railroad system of the country, it demoralizes business, it sends down prices, it costs us millions of dollars. We are not prepared, therefore, to hear a discussion of the effect

on the lumber trade of Biloxi and the coast of the removal of a quarantine station now a menace to the whole South.

That the Ship Island Station is a menace we believe, and so do a large majority of the Southern people. This is the view taken of it by the State Boards of Health of Louisiana and Mississippi, and by most of the health officers and sanitarians who have investigated the matter. A great deal of testimony has already been given on the point, all indicating that Ship Island is a great danger to us. The fact of the appearance of the yellow fever at Biloxi in 1886 and at Ocean Springs in 1897 points with strong suspicion to Ship Island as the point of infection, for they are the nearest ports to the island. The infection this year along Mississippi Sound, and the evident start of the yellow fever there, is evidence against Ship Island. So strong was this evidence in 1886—that the Ship Island Quarantine station infected Biloxi—that public opinion demanded its removal. It was removed, but was returned to Ship Island a few years ago, and again we have the yellow fever breaking out opposite the station.

Even if we did not have specific evidence as to the menace that Ship Island is to the Mississippi coast, common sense would point out the danger. It can not be safe to have infected vessels passing so close to and lying so near the uninfected ones. It is impossible at a remote point like Ship Island, where there is no outside supervision, to keep watch over the infected vessels and see that no tugs or other vessels go near them, and that their crews and passengers do not mix with other persons in danger of infection. Even if we did not have a spark of evidence to show carelessness at Ship Island or to prove that it transmitted the fever to Biloxi and Ocean Springs, we could see and appreciate the danger from it. The station is near enough the mainland and the route of commerce to be dangerous, and yet far enough removed to prevent our seeing or knowing all that goes on there. If the station were immediately in front of New Orleans or just opposite Mobile, where any mixing of infected or uninfected vessels or persons would be known to the public and could be reported, it would not be half as dangerous as it is at Ship Island.

This is the sentiment of all those who have investigated the subject, of all the health officers, save those of the Marine Hospital Service, who are interested in preserving the credit of that

service, and of the twelve millions or more people of the South, who are not interested as some of those in Biloxi are in the lumber or other similar trade, but whose only desire is to keep the fever out of the country.

These people are entitled to demand the removal of the quarantine station and protection from the danger of fever infection. We do not see how Congress can refuse their request when they go before it with this demand. The interests of a few physicians of the Marine Hospital Service, the desire of that service to vindicate its employees, should not be allowed to stand against the interests of the entire South, which call for the protection of the people against the danger of yellow fever.

Congress heard this case once before. It decided then that the Ship Island quarantine station was a danger to the South and ordered its removal. If it saw reason to remove the station after 1886, it must see far stronger reasons for removing it to-day, with the recent experience we have had of the menace it is to us and the injury it can cause the country.

Public Health.

Board of Health, State of Mississippi.

W. G. KIGER, M. D., President, Brunswick.

J. F. HUNTER, M. D., Secretary, Jackson.

H. A. GANT, M. D., Water Valley.

S. R. DUNN, M. D., Greenville.

B. F. DUKE, M. D., Moss Point.

R. W. ROWLAND, M. D., Flora.

W. S. GREENE, M. D., Aberdeen.

H. S. GULLY, M. D., Meridian.

O. B. QUIN, M. D., McComb City.

C. H. MURRY, M. D., Ripley.

G. W. TRIMBLE, M. D., Grenada.

H. H. HARALSON, M. D., Biloxi.

NATIONAL AND STATE SUPERVISION OF PUBLIC HEALTH.

— Men can not at all times get what they want. I would gladly see to-day the last vestige of power to supervise the health affairs of this country taken from the National government and restored to the States where it properly, and in my opinion, legitimately belongs: but this I have no reason to believe will ever be done, so I believe it to be the duty of every American citizen and especially every physician of the country to study this great question thoroughly before taking action. We should not rush blindly and without due consideration into danger. Let us study the

subject carefully and dispassionately and determine intelligently what we want and then ask our representatives in Congress to give it to us. The following letter written by Dr. Warren E. Anderson, of Pensacola, furnishes food for reflection:

Hon. Frank S. Gardner, Secretary New York Board of Trade and Transportation, New York City:

Dear Sir—In response to your inquiry concerning the efficiency of the Marine Hospital Service in the conduct of Federal health affairs, I forwarded you some days ago copies of the *Journal of the American Medical Association*, the *Florida Times-Union and Citizen* and *New Orleans Times-Democrat*, as I was not able to reply immediately on account of certain professional engagements. I desire now to answer your queries briefly, but by the presentation of such facts only as may not be successfully controverted, and which are detailed without malice toward any one or animus of a personal character whatever.

The first objection to be urged against such control of our health affairs by this service or branch of the Federal government is one relating to organic construction. You are doubtless familiar with the fact that only applicants between the ages of 21 and 28 years are examined for admission to this service, and you may easily infer that 98 per cent. of them have never had experience with epidemic diseases such as are likely to prevail at any time in our country. That they may be skilled in bacteriological lore I will readily admit; that they are without practical knowledge of any epidemic diseases, they are, I am sure, also honest enough to confess. Thus, a young graduate from a Maryland, Michigan or Massachusetts medical college, standing an excellent but purely theoretical examination before the Board of Examining Surgeons, is dispatched by his chief to preside over the health destiny of New Orleans, Galveston or Mobile, with no more knowledge of the character of the prevailing diseases or the commercial necessities of the people, than an Ashantee chief possesses of the military strength of Gibraltar.

The second objection is largely an emphasis of the first, relating however more nearly to the fact that these officials are taken indiscriminately from every part of the United States, less than 5 per cent. of them belonging south of latitude 37, or that area of the country likely to be invaded by yellow fever—our most common and most dreaded foe. Less than 10 per cent. of the regular force of the service have had any experience with

this disease, and less than 3 per cent. are regarded by sanitarians or the general public as possessing any knowledge of this disease whatever. Possibly 2 or 3 per cent. may have acquired immunity from the disease incident to the South, either by residence or a previous attack of such disease. What a commentary upon the much advertised and magnificent equipment of this service for the health preservation of our country?

The third objection is one relating largely to the autocratic management of this service. Its officials are responsible to no one save the head of the Bureau at Washington, a Cæsarian system of government. See the utter disregard manifested for the health of the people of Georgia in 1893, when the medical officer of the service at the quarantine station sickened with yellow fever (the first victim), was removed to the principal hotel of Brunswick, where he died, and an epidemic of the dread disease followed. Witness the humiliating spectacle of Mississippi's delegation to the Federal Congress pleading in vain for the removal of a near and constant menace to the health of their beloved State—the Ship Island Quarantine Station. Then ask yourself if the Czar of all the Russias could lend so deaf an ear to the plaintive wails of his humble subjects.

The fourth objection is one based entirely upon the past inefficiency of this service as compared with the alleged weak control by the State. Twice in four years, at quarantine stations operated only by the authority of this service, yellow fever has gained entrance to our country, put to flight its people and ruined its commerce; whereas, under the management of the much-despised State Boards of Health of quarantine stations, exclusively in their possession, no such invasion has occurred for nearly twenty years, save in Florida, and there not since the creation of the State Board of Health some nine years ago. These are cold, stubborn facts, the proof of which, if desired, can be obtained from contemporaneous authorities or the archives of the Marine Hospital Service at Washington.

That this service is equipped in any manner, save in the possession of a magnificent bacteriological laboratory, for the protection of the people of the United States against the invasion of epidemic diseases, it were sheer folly to contend. That it is thoroughly equipped in this one particular, I am willing to believe, but I still maintain that the use of a few grains of common-sense in the management of Federal quarantine matters is worth

barrels of gelatine culture, uniquely prepared and labelled, for the inspection of the distinguished microscopist, while helpless communities are being ravaged by pestilence and panic.

It is not my object or purpose to hold the head of this Bureau, Dr. Wyman, responsible for its many defects, as I consider most of them organic in their character and far beyond the reach of any reform measure he might desire to institute. It is as impossible to unite a sailors' hospital service and the health affairs of this great country as to mix oil and water. The attempts of the future in this direction will show as dismal and disastrous failures as those of the recent past, and I believe the history of the world does not present a parallel to so gruesome and absurd a system. Let us try, however, to obtain a system wherein are combined the wisdom and judgment of the State in the matter of the appointment of its own citizens to these responsible positions, and the enormous power of the general government to control and direct the operations against the common enemy. Let us have a Marine Hospital Service and its capable ministrations to sick seamen, but let us also have a separate department of public health, composed of men only of known ability and experience in such matters, whose sole object and aim shall be the promotion of the health interests of the entire country.

If this can not be done, for one I shall prefer a continuance of the control over maritime quarantine by the State, to the exercise of these powers by a service so incongruous and so unsuccessful as this autocratic Bureau of the Treasury Department has demonstrated itself to be.

The idea of a Department of Public Health has taken a firm hold upon our people; from North, South, East and West come endorsements of such a general system, marked by many differences of opinion, it is true, as to minor details, etc. The press of the country, almost without exception, commend such a course; commercial organizations approve of it enthusiastically, and the two great bodies of advanced scientific thought on this continent, the American Medical Association and the American Public Health Association, have given it an unqualified endorsement. So far as my information extends, the sentiment in favor of the supervision or control of the public health, both maritime and domestic, by the Federal government, is as overwhelmingly in favor of such a system as it is diametrically opposed to the management of the Marine Hospital Service, and I believe such opin-

ions will assume a concrete form not differing materially from the ideas embodied in Senate Bill No. 2343.

I desire to publish this communication, as I believe it more fully emphasizes my position than any other communication which I have written.

Very truly yours,

WARREN E. ANDERSON.

The above letter expresses more strongly and dispassionately the objections to the control of the public health affairs of the United States by the Marine Hospital Service than any yet written. The letter recites the fact that applicants for admission to the service are confined between the ages of 21 and 28 years, that only 2 per cent. of the men in the service have ever had any experience with epidemic diseases, that only 5 per cent. are from that section of country south of latitude 37, a section of country more likely to be invaded by yellow fever, less than 3 per cent. have any knowledge of yellow fever whatever, and that possibly 2 or 3 per cent. may have acquired immunity from the disease.

It is a fact that demands have been made by the people for the resignations of State and local health officers on the ground of incompetency. Is it a fact that the Marine Hospital Service has proven itself to be more efficient than local health officers? Now let us take a fair and impartial view of this matter. According to the public health reports of the Marine Hospital Service there are twenty quarantine and inspecting stations on the coast of the South Atlantic and Gulf States. Four of these are operated by the Marine Hospital Service and sixteen by the States. Those operated by the States include New Orleans, Mobile, Galveston, Charleston, Savannah and all the important points in Florida. I think it can be safely asserted that one hundred vessels are treated at State quarantine stations where one is treated at National stations on the Gulf and South Atlantic coast. During the last twenty years only one case of yellow fever has come through the sixteen State quarantine stations, while the four National stations have admitted it at least four times within the last eleven years and twice within the last four years—Biloxi, 1886; Key West and Tampa, 1887; Brunswick, 1893; Ocean Springs, 1897. Now I ask any fair-minded man to take these facts and defend the Marine Hospital Service. Take the sixteen quarantine stations operated by the authority of the States with their thousands of vessels, treated for twenty years and but one

case of yellow fever escapes their vigilance, while during the past eleven years the four stations of the Marine Hospital Service, with its small number of vessels for treatment, allowed yellow fever to gain entrance into the South four different times. These are facts which no one can deny—no one will undertake to deny. This is a concise and true statement of the records of the two services: then I ask by what process of reasoning can any man conclude that the Marine Hospital Service would manage the health affairs of the States more intelligently than the State health officers. With these facts staring an honest man in the face how in justice and common decency can he demand resignations of State and local health authorities and ask that the powers of the Marine Hospital Service be enlarged. This service has demonstrated its inefficiency and should be shorn of what power it now has. I do not believe that the fault is entirely with the organic construction of the service. The autocrat at its head stands before the world to-day as personally responsible for every death that occurred in the South from yellow fever during the year 1897. I made a report to the State Board of Health in 1896 and used this language: "To Dr. Wyman power is more precious than humanity." Surely this statement has been verified by subsequent events. The danger of Gulf Quarantine Station to the people of Mississippi has been pointed out to him more than once, yet in his stupidity he can not or in his arrogance he will not see the danger.

If we are to have National supervision give us a service that can command the respect of the scientific world. In support of this idea I desire to quote in full a letter by Governor Bloxham, of Florida, written by request to the New Orleans Picayune:

T. G. Rapier, Esq., Manager Picayune, New Orleans, La.:

Dear Sir—I have the honor of acknowledging your favor of recent date requesting an expression of my views upon the question of State, interstate or Federal control of quarantine against the future invasion of disease. Never having worshiped at the shrine of Aesculapius, it will be impossible for me to present anything of a scientific character, but simply such thoughts as have been engrafted upon my mind by the experience of the last ten years in Florida and enforced by the views of the health authorities, in whose judgment I place great confidence. Were those thoughts summarized, they could be condensed in one expression: Government co-operation with State control.

Our health authorities have frequently placed themselves on record in the matter of public health regulations. The State Board of Health of Florida is a unit upon the necessity of Federal legislation looking to the creation of a Department of Public Health with a recognized head. The members of the board at an annual meeting a year or two ago adopted a strong memorial to our State legislature and our congressional delegation, earnestly recommending concerted action in this direction. Could a cabinet officer be invested with a more responsible duty than looking after the health of 70,000,000 people? Then why not create a Department of Health with a cabinet officer at its head, with ample power and authority to render assistance, when needed, but whose principal line of action and basis of union with the ideal public health system shall be co-operative and contributory to the several State Boards of Health?

NATIONAL DEPARTMENT OF HEALTH.

Let there be a "Secretary of Public Health," with State boards as his coadjutors. Let him formulate a uniform maritime quarantine and domestic or internal sanitary code to be enforced and operated by the several States.

The American Medical Association has embodied this idea, carried out in all its details, in a bill, which has received the indorsement of many of the leading sanitarians and public health organizations of the several States, and which I presume will be called to the attention of Congress with the indorsement of the great mass of the medical profession of the country. The country, and no portion so urgently as the Southern States, needs such a measure, or any course that will relieve a small bureau of the Treasury Department of the necessity of taking care of the lives of millions of people.

By what decree of Providence or of common sense is it ordered that the financier of the Union—the Secretary of the Treasury—burdened with care beyond all endurance, by environment and education harnessed to a most potential and engrossing charge—made the arbiter of matters of life and death to countless thousands? Who more unfitted to deal with the great issues of public health than the steward of the nation's wealth? And why relegate to a mere departmental division a responsibility second to none, and one which should be confided to no care but that of the ablest and most experienced?

SOME PERTINENT QUESTIONS.

At present, governmental health affairs are administered through and by the Marine Hospital Service—an organization for the care of sick seamen, though nominally committed to the Secretary of the Treasury, who, perforce, both by reason or stress of other matters and the necessity of some medical culture, has to foist them upon a subordinate. And what record is attributed to this Marine Hospital Service? It is claimed by those in a position to know that inadequate measures upon the part of this service, not only admitted, but almost contributed to the infection at Key West and Tampa in 1887, which was followed by the epidemic of 1888. Who, then, was responsible for the epidemic of 1888?

Who was responsible for the entrance of yellow fever at Brunswick in 1893? Was there not mismanagement at that port? And who was in charge of its maritime quarantine?

Who is responsible for the introduction of the recent plague in the first instance, through Ship Island Quarantine Station, near Biloxi? Was anything accomplished by this service to prevent a further spread of the disease after its careless introduction? Was confidence established, without which the country may always expect the barbarities of the shotgun quarantine?

The answer to these inquiries, which are not aimed at individuals, but at the system, must necessarily have weight in determining future legislation. Let us have a Department of Public Health, most assuredly, but let it be advisory and co-operative, and upon lines that will be an earnest of satisfactory and successful administration. Florida has been virtually free from yellow fever for eight years, and what few cases have appeared have been promptly stamped out.

FLORIDA'S HEALTH BOARD.

What more striking lesson than that presented by Florida's health record during the months of September, October and November of this year, when intercourse between the cities and towns of the neighboring States was hampered when not totally inhibited by local quarantines? While within this State no embargo of any description rested upon freight or passenger intercourse, and you came and went at will without even the suggestion of quarantine.

The reason is not obscure: Florida, after its experience of

1888, like the people of the whole country at this time, had its attention directed to a future invasion of the disease, and called into existence a system which its years and successes have demonstrated to be thoroughly efficient, and which has so won the confidence of the people that it has been enabled throughout the exigencies of the past summer to at once allay apprehension and suppress excitement.

To the student of the matter, Florida's part in the yellow fever history of this year evidences not only the capacity of our health officials, but the wisdom of our system, and arouses a desire for a similar condition in other States.

Should a co-operative and contributory system, as suggested, ripen into proper legislation, those in charge should be well qualified to take into consideration your inquiry as to the best means of preventing a recurrence of the epidemic, and at the same time minimizing the embargoes of commerce.

Very truly yours,

W. D. BLOXHAM.

The *Journal of the American Medical Association* tells in the following editorial clipped therefrom, the object and purpose of a bill for a Department of Public Health. If we are to have National supervision give us this bill:

It is with pleasure that we inform the members of the Association that the Association Bill to establish a Department of Public Health, and define its duties, has been approved in its entirety by the American Public Health Association at its last meeting at Philadelphia, and that body will co-operate with the Association and endeavor to have it placed upon the statute books.

There is some misapprehension in regard to the bill, as appears by comments in certain newspapers, which should be relieved. In the first place, the Association yielded to the inevitable, no longer insisting that the head of the new department should be a member of the Cabinet, to which position it heretofore found there were insuperable objections; objections which would indeed prevent the passage of the bill should it be presented. The committee, therefore, have wisely framed their bill on the lines of the Department of Agriculture, and there is little question but that in time the objections which now seem so unsurmountable will fade before the pressure of public opinion. However, the present proposition establishes the foundation and paves the way, but whether the period of trial will be long or

short is of comparatively little consequence to the establishment and equipment of the new department itself, which can run just as well if its head does not have that full measure of civic honor that the friends of the department would like to see him have. At present, so far as the public is concerned, it is the efficiency of the service, and the thoroughness with which the new service shall cover the sanitary field, that they look to.

Some misapprehension has been felt and indeed expressed in some of the daily newspapers, to the effect that this measure was simply a revival of the old National Board of Health; that it was the establishing of a National Quarantine with greater powers; and to such we must reply that these misapprehensions are not founded on fact. In the first place, this bill for the first time provides for thorough correspondence or conference to secure the co-operation of State, municipal and local boards of health in 'establishing and maintaining an efficient and accurate system of notification of the existence and progress of contagious and infectious diseases and of vital statistics in the United States.' While the proposed bill goes further than any existing law in regard to the investigation of the cause of disease and the best means of prevention, it makes no new regulation regarding quarantine. It takes the quarantine as it finds it and simply transfers from the Secretary of the Treasury, a purely financial and commercial officer, the duties and supervision of so much of the work of the Marine Hospital Service as is included in this law, and so far as the service itself is concerned—an organization which, we are informed, attempted vainly to stem the tide of public opinion at Philadelphia by opposing the adoption of the measure—we have to say that it will make no difference to the officers of the service, so far as their duties are concerned, except that the head of the service, instead of reporting to the Secretary of the Treasury, will report to the Commissioner of Public Health, that is to say, that he will in future, if this bill establishing a Department of Public Health shall become a law, report to some one presumably competent to give him advice and instruction—a position sadly needed when we consider the mismanagement of the present epidemic. The existing quarantine laws then are transferred bodily from the Treasury Department to the Department of Public Health, a transfer which every dictate of humanity and of good government seems to suggest. The bill goes further than any existing law in its utilization of the

machinery of the present departments of government, and the great skill and adroitness with which the committee of the Association have prepared it, leaves all the departments and bureaus of the government in the same departments where they are now found. It simply provides for the better utilization of the information at their disposal, and affords a place for its collation and dissemination. The bill also codifies all existing laws. That it is perfect in all details, we suppose is not to be expected so long as human nature itself is not perfect, but it is as near perfection as possible without further trial to secure it. We shall not only sincerely hope that every member of the Association will use his utmost influence to secure the passage of this wise, salutary and beneficent law, but that he will immediately write to his member of congress, and his senators, giving them the facts in regard to it, pointing out that the bill, as already stated, differs from the old National Board of Health Act, inasmuch as it provides for a representative of every State Board of Health in the Union; that it consolidates the existing United States statutes; that it maintains all good and effective laws now in force, including the National Quarantine Act, and the Interstate Quarantine Act, and that it provides for the utilization of all information in the hands of the various departments, and affords a proper and suitable place for dissemination and promulgation. The bill unloads the overloaded Treasury Department from duties which, under the existing state of affairs, were only nominal, and places them where care and supervision can be exercised. As the Marine Hospital Service is not interfered with, except as to the officer to whom the chief of the bureau shall report, it is seen that the opposition to the measure is not only gratuitous and unnecessary but unwise and unscientific. We, however, are of opinion that this alleged opposition is confined to a limited number of officers who are compelled to act under the instruction of the present chief, who is said to view any change of whatever character in the existing regime as a bad one.

Abstracts and Extracts.

RESULTS FROM THE ADMINISTRATION OF IRON IN A READILY ASSIMILATED FORM AFTER GYNÆCOLOGICAL OPERATION.

By C. A. VON RAMDOHR, M. D., Professor of Obstetrics in the New York Post-Graduate Medical School; Gynecologist to St. Mark's Hospital and the German Poliklinik. Read before the Section in Obstetrics and Gynecology of the New York Academy of Medicine, May 27, 1897.

Some few months ago I had the misfortune of having a patient lose a comparatively large amount of blood after a trivial operation. In spite of the weakened condition of her stomach I tried iron, as the quickest acting tonic, to counteract her anæmia. The results were so extraordinarily good and her general appearance improved to such a degree that I decided to put all my patients on the use of the same preparation after any operation, and to carefully note the good or bad results of its administration.

To further guard against making any allowance to my enthusiasm, I had the blood of some patients at the New York Post-Graduate Hospital tested by Dr. H. T. Brooks, the director of its pathological laboratory, and similar tests at St. Mark's Hospital made by the pathologist, Dr. George Lindemeyr. Some cases were kindly loaned me for observation by Dr. H. J. Boldt, Dr. J. R. Nilsen, and Dr. Carl Beck, to all of which gentlemen I hereby once more acknowledge my indebtedness.

The preparation used in all cases was the peptonate of iron and manganese, made according to Dr. Gude's formula and known for short as "Pepto-Mangan Gude."

The results as found have shown me and will convince you that it is not only possible but highly beneficial to feed a patient on such tonic immediately after an operation and during her convalescence, as a routine treatment.

In only one case, that of a twelve-year-old girl, referred to me by Dr. Beck, an account of which is appended here, had the administration to be suspended because it was not well borne.

In no case was constipation observed, nor was the Pepto-Mangan taken with aversion.

The period of trial varies from twelve days to forty-four

days. Quite a number of patients disappeared before the second examination of blood could be made.

There have been examined twelve gynaecological cases, among which is one check case. I append, however, as long as the examinations have been made by the pathologist, two general surgical and five medical cases.

Case I (Post-graduate Hospital), patient aged twenty-seven years. Ovariectomy. Time of administration, seventeen days. First count, 5,050,000 to the cubic millimetre; second count, 5,312,000 to the cubic millimetre.

Case II (Post-graduate Hospital), patient aged twenty-three years. Laparotomy. Time of administration, sixteen days. First count, 3,600,000 to the cubic millimetre; second count, 3,870,000 to the cubic millimetre.

Case III (Post-graduate Hospital), patient aged twenty-seven years. Alexander's operation. Time of administration, twelve days. First count, 4,437,500 to the cubic millimetre; second count, 5,670,000 to the cubic millimetre.

Case IV (Post-graduate Hospital), patient aged thirty years. Oophorectomy. Time of administration, twelve days. First count, 5,250,006 to the cubic millimetre; second count, 5,400,000 to the cubic millimetre.

Case V (St. Mark's Hospital), patient aged thirty-eight years. Excision of fibroid of cervix. Time of administration, twenty-three days. First count, 2,624,000 to the cubic millimetre; second count, 3,450,000 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination, thirty-five per cent.; second examination, sixty per cent.

Case VI (St. Mark's Hospital), patient aged eighteen years. Miscarriage after pneumonia at fifth month. Curettage. Time of administration, twenty-four days. First count, 2,432,000 to the cubic millimetre; second count, 3,842,000 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination, thirty-four per cent.; second examination, fifty-five per cent.

Case VII (St. Mark's Hospital), patient aged twenty-five years. Vaginal hysterectomy. Time of administration, fourteen days. First count, 2,962,000 to the cubic millimetre; second count, 3,264,000 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination, thirty per cent.; second examination, forty-two per cent.

Case VIII (St. Mark's Hospital), patient aged twenty-three years. Pyosalpinx. Vaginal operation. Time of administration, twenty-four days. First count, 3,426,000 to the cubic millimetre; second count 4,280,000 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination, forty per cent.; second examination, sixty-two per cent.

Case IX (St. Mark's Hospital), patient aged twenty-one year. Emmet operation. Time of administration, thirty-six days. First count, 2,351,540 to the cubic millimetre; second count, 3,740,060 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination, thirty-five and a half per cent.; second examination, seventy per cent.

Case X (St. Mark's Hospital), patient aged thirty-seven years. Beck's operation. Time of administration, forty-four days. First count, 2,253,000 to the cubic millimetre; second count, 3,420,000 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination, thirty-six and a half per cent.; second examination, fifty-five per cent.

Case XI (St. Mark's Hospital), patient aged twenty-one years. Laparotomy for pyosalpinx. Time of administration twenty-three days. First count, 2,680,450 to the cubic millimetre; second count, 4,758,570 to the cubic millimetre.

Hæmoglobin (percentage of normal amount): First examination, thirty-three per cent.; second examination, seventy per cent.

To convince himself and me that not all gynæcological patients would have their blood-corpuscles increased at the same rate after an operative interference as after taking Pepto-Mangan (Gude) Dr. Brooks has kindly made this check test in

Case XII (Post-graduate Hospital - control), patient aged twenty-eight years. Ovariectomy. Time in hospital, fifteen days. First count, 4,368,750 to the cubic millimetre; second count, 4,480,000 to the cubic millimetre.

Case XIII (St. Mark's Hospital), that of a girl, aged twelve years. Resection of tuberculous hip joint. Time of

administration, seventeen days. First count, 1,865,420 to the cubic millimetre; second count, 1,760,000 to the cubic millimetre.

Haemoglobin (percentage of normal amount): First examination, thirty-two per cent.; second examination, thirty-two per cent.

This is the only case where the use of the preparation had to be discontinued because the stomach rebelled, and where no improvement appeared.

Case XIV (St. Mark's Hospital), that of a boy, aged fifteen years. Large punctured wound of thigh. Time of administration, fourteen days. First count, 2,480,000 to the cubic millimetre; second count, 3,200,000 to the cubic millimetre.

Haemoglobin (percentage of normal amount): First examination, thirty per cent.; second examination, forty-two per cent.

Case XV (St. Mark's Hospital), that of a man, aged thirty-seven years. Anaemia. Time of administration, twenty days. First count, 3,586,510 to the cubic millimetre; second count, 4,550,000 to the cubic millimetre.

Haemoglobin (percentage of normal amount): First examination, fifty-two per cent.; second examination, seventy-two per cent.

Case XVI (St. Mark's Hospital), that of a woman, aged twenty-four years. Anaemia following malaria. Time of administration, twenty-four days. First count, 3,242,654 to the cubic millimetre; second count, 4,422,500 to the cubic millimetre.

Haemoglobin (percentage of normal amount): First examination, fifty-two per cent.; second examination, seventy-five per cent.

Case XVII [St. Mark's Hospital], that of a woman, aged twenty-four years. Professional nurse. Anaemia. Time of administration, twenty-eight days. First count, 2,475,216 to the cubic millimetre; second count, 4,060,222 to the cubic millimetre.

Haemoglobin [percentage of normal amount]: First examination, forty-two per cent.; second examination sixty-two per cent.

Case XVIII [St. Mark's Hospital], that of a girl, aged nineteen years. Professional nurse. Anaemia. Time of ad-

ministration, twenty-one days. First count, 2,640,100 to the cubic millimetre; second count, 4,125,000 to the cubic millimetre.

Haemoglobin [percentage of normal amount]: First examination, thirty-nine per cent.; second examination, sixty per cent.

Case XIX [St. Mark's Hospital], that of a woman, aged twenty-five years. Professional nurse. Anaemia and gastric catarrh. Time of administration, thirty-five days. First count, 2,563,202 to the cubic millimetre; second count, 3,420,000 to the cubic millimetre.

Haemoglobin [percentage of normal amount]: First examination, forty-two per cent.; second examination, sixty per cent.

These last seven cases do not strictly come within the scope of my paper, but still I was loath not to bring them out, and I am glad that Dr. Lindenmeyr in his zeal picked out these last cases of hospital nurses for an experiment. You see how rapid their improvement was from the objective figures, more rapid than that of the women operated on, and I think, for the reason that a certain amount of exercise in the open air helped, on the one hand, and the direct loss of blood impaired the multiplication of corpuscles on the other hand.

However, from the foregoing you will, I hope, agree with me that [1] it is beneficial to immediately put a patient on whom an operation has been performed on the use of an easily assimilated iron preparation, and [2] Pepto-Mangan [Gude] seems to be such a rational ideal pharmaceutical preparation.

Medical News and Miscellany.

FOR SALE IN MISSISSIPPI.—A two thousand dollar practice, seven room residence, all necessary outbuildings, a well of good water, 6 acres of land attached, in a growing railroad town with good church and school facilities. Address this office.

I have given your Bromidia with success as a remedy for insomnia, especially where produced by excessive study or mental work.—*Dr. Luigi Salucci, Physician to the Holy Apostolic Palaces, The Vatican, Rome, September 1, 1897.*

Neurosine contains no morphine, chloral or opium, although it is the most powerful neurotic attainable. The standard remedy for the treatment of all forms of nervous disturbances. Anodyne and hypnotic. The most efficient and trustworthy agent for the relief of hysteria, epilepsy, neurasthenia, mania, chorea, uterine congestion, neuralgia, migraine delirium tremens, asthma, spermatorrhœa and all convulsive and reflex neuroses. The remedy par excellence in delirium and restlessness of fevers.

CONFIDENCE WELL PLACED.—John Carle & Sons, New York City. Gentlemen: You can be assured that I will prescribe the Imperial Granum whenever there is an indication for a prepared food, because I had sufficient confidence in it to give it to my own child, and it agreed with him perfectly, and he has increased in size and weight to an astonishing degree.

December 6, 1897. ———, M. D.

Physicians can obtain samples of this celebrated prepared food free, charges prepaid, on application.

URIC DIATHESIS. —Gave to a man with frequency of micturition, pain in back, and bloating of stomach and bowels; with rheumatic pains in limbs; sleepless and nervous; with full feeling and eructations after meals, Lithiated Hydrangea—Lambert's—in doses of two teaspoonfuls after meals, and the following:

R.—Potassii bromidi.....	3iij
Extr. Cas. Sag. Fl.....	f3iss
Vin. Kola.....	f3ij
Tinct. Cinchon. Co.....	q.s. ft. f3iv. Misc.

Signa.—One teaspoonful, in water, before meals, and two teaspoonfuls before retiring.

He improved as if by magic; bloating, full feeling, eructations and all pain disappeared; sleeps well, and there is no undue frequency of micturition.

CHARLES H. SPRINGER, M. D.,
Cleveland, Ohio.

Dr. Theo. W. Peers, of Topeka, Kas., says: I desire to report two cases in which I used Papine with very gratifying results. The first case was that of a man suffering with a non-operable case of epithelioma of the left side of the face. He had been operated on by a surgeon here, but on recurrence of the dis-

ease went to a cancer doctor, who used a paste which burnt out a large amount of tissue and started up a very rapid growth of the tumor. When he came into my hands, in October, 1895, the disease was so extensive that to make him comfortable was all I could hope for. Morphine, cocaine and codein were tried, but with such distressing after-effects that they had to be abandoned. I then began using Papine, and two to four doses a day of a teaspoonful each kept him comfortable, with absolutely no unpleasant after-effects and with no increase in the amount given per day. The rapidity of the growth was decreased so that he lived until June, 1896, whereas, when I first saw him I did not think he could live three months. The other case was one of probable tubercular peritonitis; I used it for six months with no after-effects, and always with relief to the patient. I know of no other anodyne that could be used for so long a time without unpleasant after-effects and without increasing the dose.—*Gallard's Medical Journal*, September, 1897.

"GRIP."—C. A. Bryce, A. M., M. D., Richmond, Va., editor of *The Southern Clinic*, in writing upon the above subject, during an epidemic of la grippe, said: "For the past four weeks or more we have met with five times as much grip as anything else, and the number of cases in which the pulmonary and bronchial organs have been very slightly or not at all involved have been greater than we have noted in former invasions. On the contrary, grippal neuralgia, rheumatism, hepatitis and gastric congestions have been of far greater frequency, while in all, the nervous system has been seriously depressed. The fatalities from pneumonia, meningitis and other complications have been fewer, showing plainly that we are gradually gaining an immunity from this zymotic invader. With each succeeding visitation of this trouble we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently we have relied upon mild nervous sedatives, anodynes and heart sustainers, rather than upon any specific line of treatment. Most cases will improve by being made to rest in bed and encourage action of skin and kidneys, with possibly minute doses of blue pill and quinine or calomel and salol. We have found much benefit from the use of antikamnia and salol in the stage of pyrexia and muscular painfulness, and later on, when there was fever and bronchial cough

and expectoration, from antikamnia and codeine. Throughout the attack and after its intensity is over, the patient will require nerve and vascular tonics and reconstructives for some time."

C. A. Bryce, A. M., M. D., Professor of Surgery in the National College, Indianapolis, Ind., Surgeon-in-Charge "The Hickories," editor Souther Clinic, author "Bryce's Practice of Medicine," etc., etc., writes: "There came to my office in March, 1897, a man about 28 years of age, with the most extensive multiple ulcers of the legs that I ever saw. He said that he had tried for months to get relief without benefit, and desired me to do what I could for him. His legs from the knees to the ankles were swollen and infiltrated. The entire surface was undergoing destructive changes, and circle-corroding ulcers were in all stages—all of them finally cutting cleanly through the skin down to the muscle. The case was clearly one of the late manifestations of syphilis implanted upon a scrofulous base. Locally, I used a cleansing and gently stimulating, protective treatment, and placed the patient upon Elixir Iodo Bromide of Calcium Compound—Tilden—which he continued to use without intermission for over two months, with the result of effecting a complete cure. I gave him positively nothing at any time but the Elixir Iodo, and attribute his cure entirely to its great alterative properties and special adaptability to cases of this character. The results were simply astounding. I have used Elixir Iodo Bromide of Calcium Compound—Tilden—in a case of syphilitic lung involvement, curing the patient after he had been given up to die by an excellent practitioner."

SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER—
CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day.

OD CHEM. CO., NEW YORK.

Obituary.

DR. BENJAMIN FRANKLIN KITTRELL.

B. F. Kittrell is dead. A masterful mind has resigned, forever, its once honored seat in the highest councils of Mississippi medicine.

A lofty and invincible spirit, bowing gracefully to nature's immutable law of cause and effect has, step by step, slowly and majestically retired from the lists of mortal conflict.

The burnished and massive shield of his genius and skill, at once so potent to shelter and protect, shattered by the crumbling and inevitable touch of time, is now strewn in perishable fragments upon the thresholds of sorrowing homes.

His character, his ability, his comprehensive and classic research, his practical wisdom and executive force will still stand as one of the grandest and most beautiful columns that now support the edifice of organized medicine in Mississippi, while through the records of its achievements the fires of his splendid intellect will burn and glow as long as physicians pay homage to learning and the practice of medicine is honored by its followers.

He was modest because he was strong, he was generous because he was brave, he was charitable because he was true to his profession and his fellow-man, he was cultured because ever in pursuit of the truths of nature, he was supremely tolerant because he lived in an atmosphere of thought above the waves of jealousy and the asperities of personal prejudice. He was refined because he was a gentleman by birth and education. No man has ever lived in the State who did more for the organization and advancement of the medical profession.

In the early years of the Mississippi State Medical Association, when it was struggling against poverty, popular prejudice and professional apathy, Dr. Kittrell was one of its energizing and vitalizing forces through every stage of its evolution and progress.

He was largely instrumental in securing the establishment of a State Board of Health, and also in procuring the legislation regulating the practice of medicine in Mississippi.

He enjoyed, modestly and unsought, every honor which his fellow associates could bestow.

He was vice-president of the State Medical Association in 1871, orator in 1876, president in 1879, a member of the State Board of Health from 1879 to 1896 and was also president of the board.

Besides presenting many of the most valuable papers that enrich the transactions of the State Association, he was, for many years, the acknowledged parliamentarian of that body, and it was seldom that any organic measure offered or advocated by him met with serious opposition.

He was profound in thought, scholarly in taste and attainments, with the vigor, logic and precision of a statesman in all the legislative and executive work of the Association.

Dr. B. F. Kittrell, son of William J. Kittrell, of North Carolina, and Elizabeth M. (nee Cairo) Kittrell, of South Carolina, was born at Greensboro, Ala., December 24, 1836, graduated from Irving College, Tenn., in 1855, and from "New Orleans School of Medicine" in 1861, was appointed assistant surgeon, October, 1862, serving with the 22d Mississippi Infantry till the close of the war. He located in Black Hawk, Carroll county, in 1866, and in April of that year married Maud, daughter of Jas. D. Pate.

Perhaps, after all, in the estimation of every true physician, the most sublime monument to the memory of Dr. Kittrell is the fact that throughout the thirty-five years of varied and extensive intercourse with the public and his medical brethren, he was never guilty of an unprofessional act.

B. F. WARD.

SANATORIUM

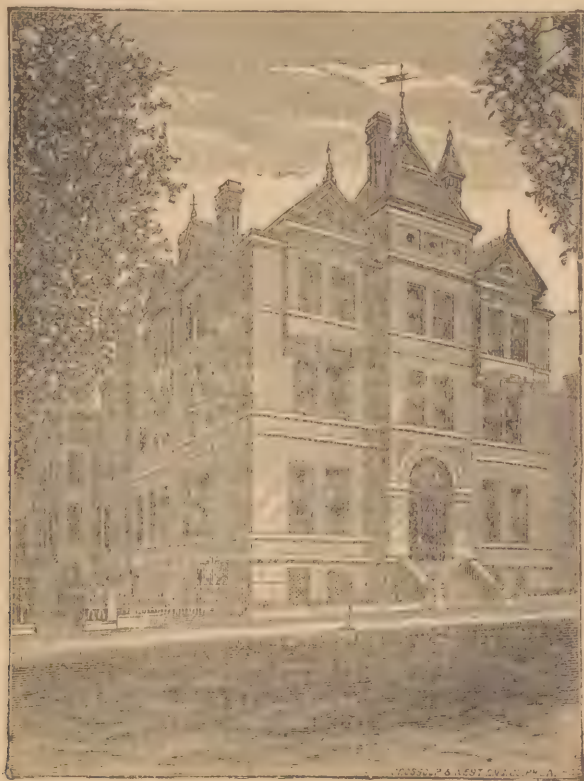
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DISEASES OF WOMEN.

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This building has been erected especially as a Sanatorium for the treatment of the Diseases of Women. It has been constructed with great care and in accordance with the most approved principles of sanitary science. Its equipment with all the appliances necessary for the treatment of disease is complete. It is the endeavor of those in charge to make this a temporary home, as well as a place of rest, where invalids will find every comfort they may desire. Physicians who wish to send patients away from home for the surgical and medical treatment necessary in this class of diseases, may feel confident that everything possible will be done here for their restoration to health.

For further information DR. MAURY can be addressed at the Sanatorium.

MEDICAL RECORD

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Original Articles.

Epilepsy and Its Treatment.*

By C. E. CATCHINGS, M. D., WOODVILLE, MISS.

In making this selection, I do so under the hope that it may prove beneficial, as well as interesting, to the members of this Association, and, furthermore, because we are called upon so frequently to assist these unfortunates.

I will not attempt here to describe the different forms of epilepsy, and its constitutional effects which follow, but will proceed at once to give you my experience with it and the different ways in which I have treated it. There are few physicians of the State but who have one or more epileptics under their treatment or attention, and you will all agree with me that of all the functional diseases of the nervous system epilepsy is by far the most grave. The various forms of epilepsy are of such serious import to the unfortunate individual who may suffer from them and indeed to his family that I am induced to bring under notice one of the bromides that I have found in most cases to afford much relief in reducing, if not curing the manifestations of the condition. My belief is, there is no medicine that will cure the disease, but there are many drugs that have a temporary beneficial effect, which may lead the patient and attending physician to entertain sanguine hopes of a permanent cure.

*Read before the Mississippi State Medical Association, April, 1896.

Many cases of epilepsy are caused from brain injury, and in such cases a surgical operation by removing the cause may prove of decided benefit; frequently we find the epileptic spasms due to some foreign body or spicula of bone pressing on the brain substance, and in such cases the trephine will usually give relief. I remember a case, about two years ago, that fell into my hands, a little negro girl, six years of age, who was brought to me for treatment. The mother, on examination, gave about the following history: Age six; girl; no history of syphilis or injury; parents healthy; for the last four months she had been having from three to twelve spasms a week; she was quite bright after the attacks; mental condition good, though somewhat run down physically. After a careful examination I decided to give some calomel and santanine; the result was a large quantity of worms were passed and up to this time she has been free of spasms. Since I graduated, four years ago, I have treated not less than fifteen cases of epilepsy in some of its forms. I have tried every drug in *Materia Medica* that had the slightest recommendation.

I persisted chiefly in bromide of soda and chloral hydrate by rectal injections, all the coal-tar preparations, valerian, cimicifuga, bromide of potash and ammonia. From the last named I derived more benefit than I expected.

I used the saturated solution on a boy fourteen years old, began with ($\frac{1}{2}$) one-half teaspoonful every four hours and increased it up to a tablespoonful every three hours. I had him so thoroughly saturated with it that he smelled like ammonia. This case I thought I had cured. I kept him in the jail yard for eight months, and he never had but one spasm from the time I began with the ammonia. At the end of that time I sent him home, hoping he was cured; but in about four months he returned in about the same condition as when first seen. I then tried the hydrobromate of hyocine, but found it too depressing.

About this time my attention was drawn to the use of the bromide of strontium which was being used by French physicians with marked beneficial effect. I had my druggist to order some at once for I was determined to give it a trial in this case. I found the result so satisfactory that I have since used it alone or in combination with the other bromides, preferably

the bromide of soda. I am now using the bromide of strontium altogether and my experience with it is as follows:

Case II. The patient was a girl, aged five years. There was no injury or worms, and parents healthy. For the last year, she would at times suddenly fall. There was no convulsion; but complete insensibility, lasting from a few seconds to two or three minutes. This would occur sometimes a dozen times a week. She was quite bright after the attack, mental condition was fair. I gave her five grains of bromide of soda and five grains of bromide of strontium. The attacks were reduced to one a week, then one a month, and now sometimes only one in three months.

Case III. The patient was a man, aged twenty-five years. He had had fits two years, generally about one or two a week, and had his first fit while plowing in the field. There was no history of syphilis or injury. I prescribed ten grains of bromide strontium three times a day. He had no fit for three weeks, then one month. He considers it doing him much good and says it does not depress him as the bromide of potassium had done, which he had been taking previous to this.

Now, while none of these cases are cured, I consider them all much relieved. Beside these cases, I have treated ten others, and in nearly all of them bromides had been employed before, and the combination of strontium seemed to be more beneficial, so think it entitled to further trial. I regret the number of cases is limited, and that, therefore, no general deduction can be drawn from them, (besides most of these cases were negroes and in private practice,) but I think they are sufficiently encouraging to induce others to give this bromide a trial in suitable cases.

Sprain of the Ankle Joint.

G. A. HENDON, M. D., 1225 HIGHLAND, AVE., LOUISVILLE, KY.

*Demonstrator Chemistry Hospital College of Medicine; Lecturer on Chemistry
Urinalysis Louisville Training School for Nurses.*

A patient was sent me about a week ago by Dr. B. F. Owens, of Jeffersontown, Ky., which drew my attention to this subject, the history of the case being about as follows: Two months ago the patient, aged 22 years, ran to get out of a

shower of rain. In jumping across a ravine his foot turned and caused him some pain, not enough, however, to prevent him from walking home. The day following he suffered little inconvenience and continued to go about as usual, plowing a whole week in rough ground. At the expiration of that time the pain became so great he was compelled to stop work. After using various home remedies and liniments, he consulted Dr. Owens. His ankle, however, continued to give him intense pain and for three weeks prior to the time I saw him he had been unable to touch the foot to the ground. I found upon examination a marked swelling of the ankle joint externally and extending in front of the external malleolus I readily distinguished fluctuation by careful manipulations and further verified my diagnosis by withdrawing pus with my hypodermic needle. The diagnosis of pus being made the only treatment to be thought of was free incision and drainage. The next day, with Dr. B. F. Owens, of Jeffersontown, and Dr. John Hammel, of the same place, I visited the patient at his home, and, assisted by the gentlemen mentioned, I made a free incision, under chloroform, over the most prominent point of the swelling. After dissecting down beneath the first layer of muscles, I came upon and evacuated about a drachm of thick creamy pus, and discovered a localized necrosis of the astragalus. I scraped the bone thoroughly, removing all the dead tissue I could. I packed the wound thoroughly with iodoform gauze and made an opening at the most dependant angle, through which I passed a gauze strip for better drainage. Over this I placed an ordinary dressing of plain gauze and cotton batting, keeping this in position with a roller bandage. I then applied a plaster of paris dressing, so as to immobilize the joint. I cut a window in the plaster over the site of the incision, so the wound might be dressed. It might be of interest to add that the patient was, at the time he sustained the injury, and as well as at the time of operation, suffering with secondary lesions of syphilis. The question naturally arises as to whether the specific infection played any part in the condition consequent upon a sprain?

I have not heard from the case since I operated, but should anything of interest develop I shall report it in a supplementary article.

It might be well to briefly notice the anatomy of the joint

in question. It being constructed like other joints of bone ligament and cartilage and is of the ginglymus or hinge variety. We have entering into its bony formation the lower extremity of the tibia and fibula. The articulation of these bones with the superior internal and external surfaces of the astragalus forms the skeleton of this joint. Strength is added to this articulation by the elongation of the fibula proper externally. These processes of bone articulate with the internal and external surfaces of the astragalus respectively inclosing it in a kind of splint. The astragalus articulating in turn with the calcaneum and scaphoid. The ligaments of the ankle joint are anterior, internal lateral and external lateral. The anterior is a broad, thin membranous layer attached above to the margin of the articular surface of the tibia, below to the margin of the astragalus in front of its articular surface. The internal lateral or deltoid ligament consists of two layers—superficial and deep.

The superficial layer is a strong, flat triangular band, attached above to the anterior and posterior borders and apex of the internal maleolus. The most anterior fibres pass forward to be inserted into the scaphoid. The middle descend almost perpendicularly to be inserted into the os calcis. The posterior fibres pass backward and outward to be attached to the astragalus. The deep layer consists of a thick and strong fasciculus which passes from the apex of the maleolus to the inner side of the astragalus below the articular surface. This ligament is covered by the tendons of the tibialis posticus and flexor longus digitorum. The external lateral ligament consists of three fasciculi taking different directions and separated by distinct intervals. The anterior fasciculus passes from the margin of the summit of the external maleolus, downward and forward to the astragalus in front of its external articular facet. It is the shortest of the three fasciculi. The posterior fasciculus is the most deeply situated. It passes from the inner and back part of the external maleolus to the astragalus behind its external maleolar facet. Its fibres are almost horizontal in direction. The middle fasciculus—the longest of the three—is a narrow rounded cord, passing from the apex of the external malleolus downward and slightly backward to the middle of the outer side of the os calcis.

There is no posterior ligament, its place being supplied by the transverse ligament of the inferior tibio-fibular articulation.

The synovial membrane invests the inner surface of the ligaments and sends a duplicature between the lower extremities of the tibia and fibula for a short distance.

The movements of the joint are limited to flexion and extension; there is no lateral motion, the astragalus being held securely between the two maleoli in all positions of the foot.

The external maleolus is longer and is situated further backward than the internal. This fact should be remembered in operative surgery, as it makes the joint more easily entered on the inside than on the outside. Of the ligament the internal or deltoid is of great power, so much so that it resists a force that fractures the process of bone to which it is attached. Its middle portion together with the middle fasciculus of the external lateral ligament binds the bones of the leg firmly to the foot, and resists displacement in every direction. Its anterior and posterior fibres limit flexion and extension of the foot and the anterior fibres also limit abduction. The posterior portion of the external lateral ligament assists the middle portion in preventing displacement of the foot backward. The anterior fasciculus is a security against displacement of the foot forward. The movement of abduction and adduction of the foot and the minute changes in form by which it is applied to the ground or takes hold of an object in climbing are effected in the tarsal joints.

In the above anatomical description I have copied freely from Gray's admirable work on anatomy, and a correct knowledge of the minute construction of the joint is necessary to understand in dealing with injuries in this locality. Probably the most frequent injury of this joint is what is known as a sprain, which is nothing but an overstraining of the ligaments of a joint. If we remember the anatomy of this articulation we can readily see how easily this may occur. The ligaments are so strong as to admit of fracture of the bones to which they are attached before themselves yielding; besides the joint being constructed only for flexion and extension any motion to the contrary does violence to the ligaments. It is easy to conceive of the great force expended upon the ligaments of the ankle joint when the weight of the body is diverted from a straight perpendicular line sidewise, as in turning of the foot in slipping on a stone, etc. The result of this sudden violence is a stretching of the ligaments and in extreme cases a partial tearing of their bony

attachments. Probably in every case of decided sprain a few fibres yield and there results a solution of continuity. But so great is the resistance of the entire ligament that force sufficient to rupture the ligament results in fracture of the bone. On this account it is impossible to have a dislocation of the ankle joint without a fracture of bone.

In the treatment of sprains of the ankle the main indication first is to limit the blood supply and thus prevent the transudation of serum which causes swelling and consequent pressure on the nerves, producing excruciating pain. This can best be accomplished by immersing the foot above the ankle in hot water, as hot as can be borne, and kept at this temperature. If this procedure is adopted as soon as the injury is received the swelling is usually prevented, as the heat contracts the blood vessels and the afflux of blood is stayed. These injuries are not seen, however, until the pain and swelling compel them to consult a physician. At such a stage the indication is for partial immobilization of the joint. This can be obtained best by application of an adhesive plaster dressing. This is made by beginning at the ball of the foot encircling it with a strip of plaster about an inch wide and gradually ascending by the successive application of similar strips, allowing them to overlap each other about one-third of their width. Make this dressing to include the instep and the heel and carry it up above the malleoli. Clinical experience has shown this dressing supplies adequate support to the injured ligaments and if the swelling is not too great the shoe may be worn and the patient be allowed to go about. When this dressing is put on while the joint is swollen greatly it should be changed as the swelling subsides in order to be adapted to the size of the joint. Pain is relieved by the dressing and swelling no matter how great is not a contra-indication. Some skill and practice is required for its successful application. Should the pain and swelling continue after this method has been sufficiently tried recourse should be had to the means illustrated by the case I cited in the beginning of this article.

Symptomatic Locomotor Ataxia.*

BY B. L. CULLEY, M. D., JACKSON, MISS.

Before relating my experience in this case I will submit the

*Read before the Mississippi State Medical Association, April, 1897.

history as given by himself, before coming under my treatment. He says: To April, 1890, I was in good health; the latter part of April I began work with a bridge gang on the L., N. O. and T. Railroad, in Sharkey county; worked two weeks in very cold water from ankle deep to my chin, sometimes having to swim.

During the first week my feet would be swollen every morning, until the latter part of the second week I noticed my stomach and face were also swollen. I then took diarrhœa, which resulted in flux; it lasted about three weeks; I took laudanum and salts, getting some relief; I then resumed teaching school until October 1, 1890.

I was troubled all that summer and fall with looseness of bowels, going as often as three to four times a day to stool, the motion often leaving a sensation as though the stool was not completed. All this time my eyesight was failing, a slight numbness in my feet, and when striking my shin against anything hard it had a peculiar kind of burning sensation, and hurt very badly for a while. In November, had a recurrence of the diarrhœa and was prescribed for by Dr. H., of Rolling Fork, but it did me no perceptible good. About this time I noticed when smoking or chewing tobacco it burned my mouth. In January or February, 1891, Dr. H. gave me medicine for my bowels and in it was Sulph. copper, but this did me no good, so I went to him for another prescription. The doctor made a urinary test and told me he could do me no good as I had Bright's disease. I then quit all medicine except took one bottle of Warner's Safe cure and four to six drinks of whisky a day. About the 1st of March, 1891, I was confined to my bed with diarrhœa and then discovered I was paralyzed. Dr. C., of Rolling Fork, then came to see me and tested my urine, and said I had no more Bright's disease than he had. He gave me a prescription, and used besides, morphine pretty freely, as I suffered a great deal and could not sleep. About the 12th of March I was carried to Jackson.

After his coming to this city I was called to see him and found him suffering with diarrhœa, attended with considerable pain, with each motion of the bowels. Area of liver dullness increased, with pain induced by percussion. Vision so bad could scarcely see to read the caption of a newspaper. Acute pain in lower limbs, inability to walk or stand, while his eyes were closed. There was loss of the tendon reflex, the Argyle pupil not present. Urine highly colored and below normal excretion,

acid; nitric acid and heat test proved absence of albumin. By this test the urine turned a beautiful port wine color. It occurred to me that probably this was due to the free use of Sulph. copper, so I got some normal urine and made a solution of copper, and on applying same test we got same reaction.

The question in my mind was: Is this condition of paresis of limbs and defective vision due to the long use of the copper which he stated was continued for some time. I do not think so, for when we consider the history and residence in a highly malarious country, the continuous exposure to cold and wet for weeks and his free indulgence in alcoholics, these to my mind were sufficient to produce the symptoms related.

I had known the patient for some years and he was not as temperate as he should have been in former years. My diagnosis with the facts before me, was that I had a case of locomotor ataxia, with malarial complications as indicated at one time by albumin, oedema of face and extremities, diarrhoea, etc. I gave him a prescription of calomel, Dovers' powder and minute doses of podophillin to begin with, and also gave a prescription of Tr. chloride iron, Fowler's Sol. arsenic and Sulph. Strych. The dose of the Strych. was 1-15 of a grain. This was given three times a day; after a few days the bowels being in better condition I discontinued all medicine except the prescription with Strych. Special attention was given the diet, allowing nothing but the most nutritious and easily digested articles, so as to avoid as far as possible all irritation of the gastro intestinal tract. Improvement was slow but continuous up to the end of the sixth week, when he was able to get around the streets on his crutches. He then went to the country and in a short while had laid his crutches aside, and only using a cane. Of course I was highly pleased at the result, but imagine my temporary disappointment when I asked him to report his progress. A few months after he writes that on June 4, 1892, he returned to Rolling Fork, using his crutches for two months, and the diarrhoea had returned, but was cured by terebinte, a prescription of Dr. J. C. Hall, after six weeks use. He says he walked with a cane from October, 1891, to February, 1893, when he began taking Williams' Pink Pills for pale people. He continued to improve so as to be able to go without his cane, except for long walks, and could run as fast as most of his pupils. He concludes his report by giving Pink Pills

the credit for his recovery. So comes in the doctor's reward for all his care and labor for such patients.

In reporting this case I feel I have not made it as plain as might be, but do so, having some doubt in my mind as to the correctness of my diagnosis, and hoping by this report, similar no doubt to some that many of you may have had, that I might be enlightened by you. Though it has been several years I still desire to get some expression of opinion from those who perhaps have had more experience than I with such cases. The question continually comes back to me, was my diagnosis right? and if so, are we justified in saying with the writers of the past, that this disease is incurable. I can scarcely believe that a true spinal sclerosis is curable, hence I designate this a case of symptomatic locomotor ataxia.

As you already see, I have not attempted to give the causation, symptoms, pathology and treatment of locomotor ataxia for the reason that I believe that when we come together as a medical association to exchange ideas it should be more of our practical experience rather than of theoretical discussion. With the case before you I leave it for your criticisms, hoping to be enlightened thereby.

Haemorrhoids Relieved by Eczema and Lumbago.*

BY C. KENDRICK, M. D., KENDRICK, MISS.

This case is reported, not because it comes directly under this section but because it is rather unusual.

Mr. —, married, aged 40; has been under my observation for a number of years, though he has never submitted to any active treatment except for a few days at a time when suffering very much. Ten years ago he had an attack of external hæmorrhoids, which recovered without treatment in two or three weeks. But every two or three months he would have a return of the disease, and he was considering the idea of an operation or some active treatment, when he discovered a small patch of eczema extending from a point near the first tubercle on the sacrum almost to the anus, sometimes extending to and including part of the external sphincter. This caused no little inconvenience on account of itching, burning and a moist discharge. This con-

*Read before the Mississippi State Medical Association, April, 1897.

tinued several months, and during the time he had no symptoms of hæmorrhoids. The eczema recovered without treatment, to be followed at once by hæmorrhoids. For two years he was never free from eczema without having hæmorrhoids, and never had both at the same time. About two years ago, some time after a severe attack of grip, he had an attack of lumbago which lasted several weeks, and during the time he was well of both eczema and hæmorrhoids. The lumbago was cured by an application of iodine, and the eczema returned at once. For more than a year he has noticed that when he has lumbago he is entirely free from eczema and hæmorrhoids, and one or the other returns as soon as he is well of lumbago. He is never at any time well of all three. His occupation requires him to be on his feet or on horseback much of the time. He is seldom so bad that he can not attend to his business. He has no kidney, lung or heart trouble. Digestion is not good, does not sleep well, does not drink intoxicating liquors. He has had an attack of lumbago occasionally ever since he can remember.

What Must We Do to Succeed.*

By JOHN DARRINGTON, M. D., EDEN, MISS.

I take a great interest in our association and it gives me much pleasure to be with you to-day. I was not present during the meeting last year in Vicksburg, much to my regret, but just at that time I was away on my wedding tour and I believe that under such circumstances you will all excuse my seeming negligence.

The title of my paper to-day is: "What must we do to succeed?" I have selected this subject believing it to be one in which we are interested, for from the time we receive our diploma until our life's work is done, it is our constant aim and earnest desire that our efforts be successful.

Literature on the subject of success would be eagerly read by the young graduate, and probably by a few of the older ones too, but we find nothing in books directly on a subject like this. It is knowledge that must be gained either through experience, or from a careful study of the lives of those who have succeeded. It is a subject too large to be covered in a short article like this,

*Read before the Mississippi State Medical Association, April, 1896.

but a few helpful hints regarding this great problem may be of some value to you; and if what I say helps any one of you to rise one round higher on the ladder of fame and success, then I shall be pleased and gratified.

Success is a hard term to define, for almost every man has a standard of his own. The country doctor that makes \$3,000 a year would probably consider himself quite a success; while the ambition of another is to be the best physician of the town in which he resides. There are others still who would consider themselves failures if they did no better than this, and their hopes and aspirations lead them into broader fields; so the full measure of success in individual lives must be the fulfillment of the individual's ambition. But whether you be the toiling country doctor of the rural districts, or the skilled specialist of a metropolis, the same general laws of success must necessarily govern you both.

It is a combination of many things that make the successful physician, but the most important of all and the first to be mentioned is *ability*.

In medicine a man must be worthy of success or he will not succeed. To achieve greatness he must be proficient, and to become proficient requires a lifetime of constant study and unceasing effort. There are few indeed who are so anxious to succeed that they are willing to devote their entire time and to expend the energy required. Genius itself is the result of labor long and hard.

Study systematically and understandingly. Avail yourself of every opportunity to add to your store of knowledge. A special course every few years will be of great advantage. The best medical books are always available.

The field of original investigation is open to all; national reputation can be made there in a day. Wonderful progress along this line has been made during the last few years, and I believe more wonderful discoveries are yet to be made. Lay bare one of the hidden laws of disease and your name, like that of the illustrious Jenner, shall never be forgotten. I can think of nothing grander, or more to be desired, than to do good for the human race, that the discovery of vaccination has done. If you have the ability, the opportunity is here; for the greatest enemy of the human race is to-day unconquered, and the individual who gains the victory over this dreadful bacillus of tuber-

eulosis will have done humanity even more good than that great and wonderful man, who has by his ability, stopped the ravages of smallpox.

It may sound improbable but I believe the time will come when every contagious or germ disease can be prevented, or at least easily controlled.

Too much can not be said in reference to the part that ability plays in the battle for success, yet there are other things that must be considered.

You must be a perfect gentleman and free from bad habits. How often we see talent crushed by the weight of a single bad habit.

Conduct yourself so as to be worthy of the respect and confidence of the people. The physician is a public man and must have tact and policy and know human nature. It is a fortunate thing to be able to say the right thing to the right man; to make friends and to keep them.

Be patient, sympathetic and a good listener. Avoid religious and political discussions, for many people are fanatics on these subjects. Attend strictly to your business and be prompt in answering calls, for sick people are often very impatient and exacting.

Examine your cases thoroughly and be careful in making your diagnosis and prognosis, a patient may be dying but remember you are only guessing when you name the hour that death will take place. It is equally as impossible to say on what day a patient will be well, for no two cases of the same disease ever run exactly the same course, and complications may occur at any time. I recently treated two brothers with pneumonia; both were sick at the same time and for several days one was no worse than the other, yet one recovered in ten days and the other in ten weeks.

In giving directions be careful to enter fully into details for it is useless to prescribe unless your directions are understood and followed.

A cheerful, happy disposition is welcomed in the sick room.

Cultivate the spirit within you to really like people, for surely "love begets love."

Neatness of dress and person plays its part. Emmet, in his book on gynecology, tells of a lady who refused to be examined and came to him for treatment, owing to the fact that the physi-

cian she consulted did not keep his nails clean. She reasoned that if he was careless in such small personal matters, he would neglect the details of her case.

Be strictly honorable and broad-minded and exceedingly careful that you neither do nor say anything, that may in any way, injure or reflect on your brother practitioner.

Train yourself to remember the people you meet and be able to call them by name. If you fail to recognize them they feel hurt that they made no greater impression on you. I know an eminent gynecologist who has great trouble in remembering the names of his numerous patients. On one occasion I was with him during his office hours when a lady whom he had been treating came in. I saw that the doctor failed to recognize her, but he was very polite and placing the patient on the table he proceeded to make an examination; he at once exclaimed, "Ah! now I know you madam!" He had remembered the disease but forgotten the face, much to the patient's mortification and my amusement.

No great reputation is to be made as a general practitioner; the subject is too large for you to be skilled in all branches. You must devote yourself to one line and give it truly your devoted attention.

"One science only will one genius fit,
So vast is art, so narrow human wit."

Yet whatever your specialty may be it is essential that you have a good knowledge of general medicine. Many consider it a misfortune to be compelled to begin their professional life in the country, but I believe it is a blessing in disguise, for there you are trained to depend entirely upon yourself and to rely solely on your own judgment. You perform without assistance numerous small operations, such as are required for lacerated cervix, lacerated perineum, vesico-vaginal fistula, hæmorrhoids, strangulated hernia, tracheotomy and others too numerous to mention, and now and then a capital operation must be done and you do it without a single trained assistant.

Training like that is indeed valuable and it can be gained in no other way. Some of the greatest men in the medical profession began as country doctors.

Now, finally, a word regarding the financial part of our business. As a rule doctors are very poor business men, and

are careless about money matters. You should send your bill at the proper time and be sure your charges are exactly right. It is a bad plan to allow an account to run for a long time; the bill looks large and the patient's appreciation of your attention has been gradually diminishing since his recovery. The patient who has paid his account is almost sure to send for you when he needs a physician again. You will not lose practice for demanding the proper pay for your services. We have very little appreciation for cheap articles or that which we get for nothing. But after all if you desire to rise to a place of honor and distinction from selfish motives, then your ambition is not a worthy one.

You should be inspired to accomplish unusual results in the treatment of disease; to discover new laws regarding sickness and health solely for the lasting good to poor suffering humanity.

Be kind, gentle and considerate; a friend to the friendless, and to the helpless always extend a helping hand. All can not be leaders, but the man who does his whole duty honestly, faithfully and conscientiously must surely succeed in proportion to his opportunity and ability.

Hydrobromate of Hyoscine as a Therapeutic Agent, Especially in Strychnine Poisoning.—Report of Two Cases.*

BY M. J. LOWRY, M. D., MERIDIAN, MISS.

The use of this drug in strychnia poisoning having never been used or suggested by any one, or by any text books, previous to its use in the cases here reported; for this reason, I wish to call the attention of the profession to its use, knowing that two cases are not sufficient for a fair test, yet it will be a start, and if your experience is as successful as mine it will not be the end of its use. Having used the drug since its introduction in medicine or therapeutics extensively, and having had good results in various diseases, such as delirium tremens, hysteria, and nervous diseases in general, I may be rather partial to its use.

Strychnia convulsions are produced by its stimulating effect on the spinal motor centres, and this produces in man a general restlessness, stiffness in the neck and jaws, muscular twitching and convulsions. As hyoscine hydrabromate produces the opposite—muscular relaxation, stupor, paralysis of the spinal motor

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centres—it was thought to be the drug needed in such cases. The use of the drug was suggested by Dr. Henry Izard, of Meridian.

Case I.—Mrs. H. Her mother had just died from taking a No. 4 capsule full of strychnia, thinking it was a capsule of quinine. She, the mother, died before anything could be done for her, being an elderly lady and probably not so vigorous, she died in the first convulsion. I saw the case in consultation with Dr. Izard soon after the first convulsion—she had taken one of the same capsules. The convulsion was very severe, muscular rigidity, marked to such a great extent it was impossible to use the stomach pump to wash out any remaining strychnia that had not been absorbed. Inhalations of chloroform, chloral hydrate, and Pot. Brom. per rectum in large doses. It was with great difficulty that the rectal medication was accomplished, even under deep chloroform narcosis, the sphincter ani being in such a rigid state of contraction. The treatment was kept up with a return of convulsions occasionally.

One fiftieth of a grain of hyosine was given hypodermically, and in a short time there was complete muscular relaxation, cessation of convulsion, and marked improvement generally. The hydrabromate of hyosine was continued at intervals as indicated, with recovery.

Case No. II.—This case occurred from the continued administration of the drug to a child three years old, during a long attack of fever with high temperature, followed with heart failure. The failure of the heart was so marked that the drug had to be continued for two weeks or more. One two hundred and fortieth of a grain (1-240) was given every two or three hours, by the mouth, and as this failed, one hundred and sixtieth of a grain (1-160) was given every two to three hours. As the improvement in the heart's action was impermanent, the strychnine had to be kept up. At the end of two weeks or more the patient suddenly had a convulsion, without any warning or premonitory symptoms, and remained as stiff as a board after the convulsion, with all the symptoms of strychnia poisoning. He was given one six hundredth of a grain, (1-600) by the mouth, and repeated in two hours, with complete relief. I have never yet had any bad effect from the drug, except, in some cases, a wild delirium is at first produced, which is soon followed by a refreshing sleep. The continued use of it will produce dilatation of the pupils and

temporary blindness, which will pass off at once, when the drug is omitted.

I have seen one case of poisoning; patient taking an enormous dose by mistake. The man was well under the influence of the hyoscine when I saw him. Hypodermic of apomorphia produced free emesis; morphia hypodermically was given, which is the antidote, and repeated according to his condition generally, but sufficiently to correct the dilatation of the pupils, met complete relief.

It is used extensively in the insane asylum, where, I understand, they have had some unpleasant symptoms. Ordinarily it is a safe drug, but should not be given to patients suffering from throat affections, especially scarlet fever. In delirium tremens it is safer than morphine, and there is no danger of making a hyoscine fiend; that is, I have never heard of one. We have the morphine, cocaine and chloral fiend. Patients to whom I administer hyoscine soon get up a disgust for liquor, and if you have a case craving for liquor, hyoscine will get up a dislike for his dram and help you out.

If hyoscine was used more, we would have less morphine fiends, which are greatly on the increase. It is very important to get a reliable article and not use hydrobromate of hyoscamine. I use Shorp & Dohme tablets and rarely use or give more than 1/100 of a grain at a dose.

R. A. Morton in the British Medical Journal describes the serious symptoms produced by the instillation of four drops of a 1 per cent. solution in the eye:

Five minutes after the drops had been put in the eye, the patient complained of giddiness, staggering, dryness of the mouth and throat, complete muscular relaxation, and then became unconscious. The breathing was slow, deep and sighing, the pulse full and regular.

A Brief Report of Two Cases.

BY W. S. SIMS, M. D., MERIDIAN, MISS.

Case 1.—July 1896 Mr. G., age 72 years, applied to me for an operation for cataract. After making the incision there was a partial protrusion of the iris and according to my usual custom, when this happens, I proceeded to do an iridectomy.

After I had taken hold of the iris with the forceps and was about to withdraw it a slight twitching of the muscles of the face was noticed. Thinking it was the result of a slight pain that sometimes accompanies this part of the operation I held on to the iris and was just going to say "keep quiet" when he suddenly sneezed. In his effort to suppress the sneeze and my short notice of what was going to happen, I failed to turn loose and to my great astonishment I found I had removed the entire iris.

The anterior chamber was instantly filled with blood and continued to refill regardless of all efforts to control it, which forced me to complete the operation with all view of the lens obstructed by the hemorrhage. The usual antiseptic dressings were applied and a very guarded prognosis given, but contrary to all hopes of a successful termination of the case, the eye recovered without a bad symptom, and the blood was slowly absorbed, so much so that in about six weeks he was able to count fingers. Two weeks later, with the aid of glasses, he was able to read small type.

There is now a ring like deposit, I suppose to be lymph, around the central opening. The sneeze was accounted for by removing his shoes while on the table placed near an open window, for the operation.

Case II. Miss H., age 35, consulted me March 10th, of this year, for an examination of her eye. She gave a history of a slight nodular elevation* that appeared upon the outer and upper lid border of the right eye about six years ago. It attracted but little attention until about one year later, when a physician was consulted, who prescribed an ointment that seemed to afford relief for a time only, when it reappeared. This time the ointment failed to give the desired result. Another physician was consulted who removed a portion of the lid by an operation, which effected, as she thought, a permanent cure, but returned as before within a few months. She next consulted a "Cancer Doctor," who treated her with caustics. This was attended with intense pain and followed by a more rapid progress of the affection.

At the time I saw her a greater part of the upper lid was destroyed and the lower lid and ball were also invaded. I explained to her the malignant nature of the trouble and rather

*No microscopic examination was made.

discouraged an operation. But she urged me to do something to relieve her present sufferings and with a perfect understanding as to results that might follow, I did, March 11th, with the aid of Drs. Blanks and Gulley of this city, the following operation: I first removed the ball which was found to be intensely hard. I then made curved incision beginning at the inner angle, extending it to about one-fourth of an inch beyond the outer angle including everything, even the lachrymal gland, up to the lower edge of the brow.

A similar incision was made, except that only about half as much tissue was included to remove the lower lid. These incisions were extended very deeply, including the conjunctiva and almost the entire contents of the orbital cavity. The edges of the wound were now brought together with deeply inserted sutures. The healing was perfect and a more beautiful result I have never witnessed. The brow at first drawn down, has at this writing resumed its natural position and the slight depression in the orbit gives to the patient not an unsightly appearance.

I am in receipt of a letter dated April 14th, 1897, from Dr. W. W. Hamilton, of Brooksville, Miss., whose care she is now under and who writes me as follows: "I think the operation a beautiful success. The closing of the orbital cavity in toto seems rather novel, but I think it far preferable to leaving it open in this case and if you succeeded in removing all diseased structures the trouble will be less likely to return than if the wound had been left open."

The only excuse I have to offer for reporting the two above cases is the very unusual accident in the first case and the very remarkable circumstances under which it happened. It is also interesting to note the favorable termination of the case.

The point of interest in the second case, to me, is the closing up of the orbital cavity, as I have never seen it performed, and so far as I have examined the literature on the subject, I am unable to find a description of the above method.

Correspondence.

Following is an interesting letter taken from the *Journal of the American Medical Association*:

FOREIGN MEDICAL TRAINING FOR RECENT GRADUATES.

VIENNA, Austria, December 20, 1897.

To the Editor—"Foreign Medical Training for Recent Graduates" is the title of a late editorial article in the *Journal*, and as it is a subject of most vital interest to many young men who belong to this class, I propose to discuss the question briefly in this letter. I do this the more readily from the fact that many of my friends, who are aware of the fact that I have spent some years abroad, are in the habit of writing to me for advice as to where they had better put in a few months' time in brushing up on the practical points of their profession. I am prompted further in writing this letter, by the fact that I meet here in Vienna, every day, young physicians from the United States, full of energy and wide-awake, who are working with an untiring will, but who, from the fact that they are ignorant of the German language and do not propose to stay here until they master the same, are, if not wasting their time, certainly not spending it in a profitable manner.

Let me suppose the case of a young man who has had a few years of general practice, or perhaps has only just graduated. The field that he occupies, or the one that he proposes to occupy, is one where he must play the role of the general practitioner in its widest sense.

To keep abreast of the times, he feels the necessity of further instruction, especially in the more practical matters that pertain to his profession. But in looking over his environments, two obstacles present themselves at the very outset. His means are limited and he can only spend a few months away from his field of labor. Where shall he put this time in, at home or abroad? Most decidedly at home, unless however there is a large element of fraud and humbug in his make-up, and he is seeking a very little knowledge and a good deal of buncombe.

Our post graduate schools at home were organized for just such men as he is, and they teach, in the main, just what he

most needs to know. A couple of six weeks' courses at one of the best of these will be of more benefit to him than many months spent in a foreign country, where he has first to learn the language before he can profit by what he sees or hears.

Twenty odd years ago, when I first came to Vienna, the condition of things was entirely different. There was no post-graduate instruction to be gotten in the United States at that time, nor, in fact, anywhere else outside of the Austrian capital. In fact, two decades ago this was the acknowledged Mecca, to which all medical pilgrims turned their footsteps who were in search of a higher and more practical medical education.

Some years ago, after leaving here, I went to Guy's Hospital in London, and giving the late Dr. Reese my card asked the privilege of attending his lectures for a time. His reply was: "Yes, Doctor, you are perfectly welcome to attend my lectures, but if you have been taught clinical medicine by Jaksch and Nothnagel at Vienna, you will find anything in that line to be gotten here in London very thin." And thin I found it.

I am glad to say, however, that the number of young physicians from America who are coming to Vienna is gradually diminishing, and we have not more than half as many here now as there were twenty years ago. I believe though that part of this falling off in numbers is due to the fact that more Americans go to Berlin for instruction than in former years.

The private instruction given here is done by the ordinary professors and privat docents. In several branches this class of instructors is far inferior to those of a decade and a half ago. For instance, Bandl, who taught us in gynecology, and Ultzmann in the diseases of the genito-urinary organs in the male, are both dead, while Jaksch, Pawlik and Chiari have been called to fill professorships in the German University at Prague, and their places, in my opinion, have not been filled by men of equal merit as teachers.

Who should come to Germany, in which I include Austria, to pursue their post-graduate studies in medicine, and what are some of the advantages to be obtained here? It is nonsense to come here unless you have some knowledge of the German language or intend to stay here long enough to acquire the same. An ordinary traveling knowledge of the language will be of but little benefit to you. You must know medical German, and that requires a good deal of time and study, as their technical

terms are not like ours and the French, derived from the Greek and Latin, but are mostly strictly German in their origin. It will take from three to six months' diligent study to be able to thoroughly understand what you hear. If, however, you are not too far advanced in years and have a sufficient amount of money and time at your disposal, the benefits of a course of study abroad are certainly not to be ignored, for besides what you know of medicine proper, the acquisition of the knowledge of a foreign language is no small factor in the make-up of an all-around educated man, which every physician should strive to be.

Supposing you understand German, or intend to stay in Germany until you acquire such a knowledge, what are the subjects that are better taught here than at home? First comes internal medicine. Not because the subject is better understood or more skillfully taught than by our best teachers, but because the clinical material is much more abundant here and can be much better utilized for clinical purposes, and the numbers of those to be taught are much fewer in proportion to material available. If one takes Professor Nothnagel and his first assistant, you have thus access to a large number of patients whom you can personally examine, make your own diagnosis and have it corrected or criticised by your teacher; hear many of these cases discussed fully by one of the best teachers in Europe and follow them to the dead house, if they die, and observe all the morbid changes that an autopsy reveals. There may be just as good courses as these at home, but I have not been able to avail myself of them, for I have not been able to find them. In the post-graduate courses I have taken in America the teaching of internal medicine has been extremely disappointing, partly on account of its being simply didactic in character, no material being available to give it a true clinical worth.

Again, in the line of obstetrics, you take Professor Schaura's course and that of his first assistant, and these will enable you to watch the course of a large number of natural labors, and you can be called at any hour of the day or night to witness any operative cases that may occur. When we consider that three or four thousand women are delivered annually in this service you can form some idea of the rich field of observation that it gives. Besides this you can examine a large number of women in the last weeks of pregnancy, measure their pelvis and deter-

mine the position and presentation of the child before labor begins.

Where, I ask, would you be able to get advantages like these in the United States? The large number of Americans here are studying some special subjects, as the eye, ear, nose, throat and the like, and the merits of Vienna as compared with other places for studying these subjects I can not judge, though I find that many get discouraged after remaining here for a short time and return to London or New York. Many of these men who are preparing themselves to play the role of specialists are youths just out of college. Few of them seem to be studying that which should be the ground work of a thorough medical education, viz., internal medicine.

For one who understands German, and especially if he has had a few years' practice, the best place to put in a couple of months in Europe is at Berlin, taking in the "Ferien Kurs for Arzte," which begins early in the autumn and lasts six weeks.

Still, as I said in the beginning, such a course can be gotten in our own country at a much less expense and, taken as a whole, just as good. The exception to this is that the course in gynecology, given by Martin, is better than can be gotten in America, and I am certain that his brilliancy as an operator is not equalled, if equalled, anywhere or by anyone.

A large number of our young men in the profession are surgery mad, scalpel crazy and see nothing in any case that is not associated with the spilling of blood, the tying of arteries, the closing of abdominal wounds and the application of the model antiseptic dressing. To such I would say, do not come to Europe at all, for I can assure you that you can do much better in America. Here, in Vienna especially, operations seem to be done principally for the benefit of the ten or a dozen assistants who surround the patient.

Then again the teaching is not so good as one can get in New York or Chicago, and the operating is certainly in no way superior. Especially will you find both the medical and surgical gynecology disappointing as compared with what one can see at home if he will follow the work of our best men.

Many of the teachers here in the Vienna school seem to have achieved their positions through some other consideration than their natural ability to teach, as in the case of Biliroth, who was

one of the most scientific surgeons of this century, but never was a good teacher.

Hence, of late years, when I am in Europe I go to Paris for my surgery; not that it is better done there than here in Vienna, but because the French professor in the school of medicine in Paris is generally a born teacher, explains every step of his operation and allows you, if possible, to see what is done. Then again American physicians are treated courteously in France, while in Germany, if you are not a Senn, a Murphy or some other man of equal eminence you are not likely to get any civilities that you do not pay for; in fact, they seem inclined to put us all down as the graduates of a Buchanan school or some other quack institution.

W. S. CALDWELL, M. D.

Dr. T. J. Mitchell, Superintendent State Lunatic Asylum, has observed that maternity is rare among the insane, comparatively few being regular in their functions connected with child bearing. He has frequently seen stout and sthenic young women, with apparently no uterine disturbance, cease to have their monthly flow when in great mental disturbance. He often finds suppression of the menstrual function ascribed, in histories furnished him by applicants, as the cause of their mental disturbance. He regards this as a sequela rather than a cause. His observations extend over a period of twenty years. He considers the rareness of maternity among these unfortunates as a wise provision of Providence, since they are physically, morally and mentally disqualified for the rearing and guardianship of a family. No epidemic disease has invaded the institution since the doctor's last report two years ago, although the death rate has been large. He ascribes this large death rate to racial tubercular and epileptic causes. The population of the asylum is now about equally divided between the whites and blacks which he thinks an important factor in bringing about untoward results, since statistics in the South show that the mortality in the negro race is 25 or 30 per cent. in excess of the whites. The report does not show that this difference in mortality exists in this institution, in fact it gives no statistics on this interesting point. It has been claimed that the excess of mortality in the negro race generally is largely due to the fact that in the way of houses, diet and clothing they are not as well provided for as the white race and in cases of sickness they do not receive the attention that the white race does. In the asylums of course the two races receive equally good attention, and they are clothed and housed as well. It would be interesting to know if the difference in mortality between the two races is as great as 25 or 30 per cent.

Editorial.

H. H. HARALSON, M. D., - - - - - BILOXI, MISSISSIPPI.

Editor and Proprietor.

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MISSISSIPPI STATE MEDICAL ASSOCIATION.

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SEC. 7. Admission Cards may be issued by the officers of the Association with the obligation for the candidate's signature in the center and blank marginal spaces on the left and right margins for the signatures of the three members who recommend, and the three officers who admit the applicant to membership.

The above section was adopted in order to admit persons eligible to membership during vacation. Either of the above named officers will furnish, on application, the necessary card.

ASSOCIATION MEETING.

The Mississippi State Medical Association will hold its thirty-first annual session in Jackson, beginning Wednesday, the 19th day of April next. It is now time for the various sections to be organized and I suppose the chairmen of the different sections are at work in this line.

The secretary, Dr. J. R. Tackett, of Biloxi, and the president, Dr. W. M. Paine, of Aberdeen, will do everything in their power to make the meeting a great success. It is the duty of every member to attend the next meeting and if each one attending will bring one new member with him this can be made one of the greatest meetings in the history of the Association. This should be the greatest and best meeting. The medical profession of this State is stronger today than ever before, and it is

now practically united and nothing stand in the way to obstruct its progress and usefulness.

PHYSICIAN'S INFLUENCE.

It has occurred to us many times in the past that physicians do not pay enough attention to the influence on their business, of the conduct of themselves and their families; with this in view we wish to call the attention of our readers to this point. In our estimation a physician practicing outside of the larger cities must be a married man, in order to be a success, and must have for his life partner a woman who is discrete, for even though he tries to keep separate his professional and home life many things are repeated as coming from the doctor's wife, "and of course she knows," which become so distorted in the rounds of gossip that the patient's family on hearing them will "never want that doctor again." They must have, for their home, a place easily accessible by day or night, and no matter how inexpensive the furnishing may be, the house must look neat and clean and well cared for, as must the person and family of the physician, for they must associate with the best people in the community in which they live. All should be well informed on the topics of the day and able without posing up to give an intelligent opinion on many of the little questions which are constantly coming up; this can be accomplished by free discussions of the topics of the day by the doctor and those members of his family mature enough to comprehend, much of which must take place during the short time allotted to meals where, around the family board, each may relate their experience of personal encounter with the world outside or reading culled from books, magazines or papers. We repeat then that a doctor must, to be successful, be a leader of thought in his locality, and in order to have the help of his family must bring them up on the same high plane. The best clothes which he can afford, made up by the best tailor in reach, is none too good if he would make a favorable impression on the public in general; but more than this will the influence cast by the evidence of a bright mind, well stored with information on the subjects of the day, outside the pale of medicine, clean, well kept clothing, of person and family, and conduct becoming a gentleman whenever and wherever met,

bring into his hand the dollars so much desired.—*The Charlotte Medical Journal*.

The physician's influence is not measured by the clothes he wears, the tailor he patronizes, the house he lives in, nor the horse and carriage he drives. As a rule, the influence of the physician is stronger in his community than any other person, strengthened no doubt because of his high appreciation of the duties of life. As a rule, the physician is always found where duty calls, and while he may not be heralded to the world as a hero it is this that gives him that high standing in his community and insures him the respect of all honorable men and women. The same *Journal* speaking of "dodging death" presents this point very nicely and correctly:

"Apropos of the sporadic yellow fever invasion in the South with its attenuated virus, and the extensive hegira, we see human nature at its worst. The foolishness of it all! Citing the city of New Orleans, with its population of three hundred thousand, as an object lesson, there have been, approximately, one thousand cases, and one hundred deaths, a mortality of ten per cent. The outbreak was not until fall, and there was never any real danger of an extended epidemic. One in three thousand of the entire population attacked, and one-third of one per cent have died. When we consider the great numbers that develop phthisis, and that fifteen per cent of all deaths that occur in this country are due to that disease—that pneumonia, the most prevalent acute disease has a mortality of often twenty per cent., and that the death rates in some American cities, from all causes, reached the enormous ratio annually of twenty-five in every thousand, we have an illustration of the folly of the fear. We have named only two of the thousand ills that flesh is heir to, some one of which will surely close our mortal account, and when we figure on the chances in the game of life and death, this helter skelter flight becomes a mere shuffle against loaded dice, a juggle with the inevitable, an attempt at playing hide and seek with the Lord's High Executioner, with a one-sided hiding. The cravenness of it all! Doctors in search of scientific facts driven back by bayonets. Every day, on every train, out of the jaws of death rode the six hundred. Well for the shotgun brigade to corral the cowards! We read of a husband fleeing from the sick wife, and of mothers leaving their little ones to the care of hired hands. A man, ill with malaria, put off a

train in a Kentucky town, refused a shelter, found refuge in a barn, where a mob of so-called human beings sought to burn him, and were prevented by the owner who held them off with a rifle. The pastor of a fashionable church, native of New England, in simple duty returned to his flock from his summer vacation. He caught the fever, recovered, and forthwith is held up as a hero. We pause to ask after the medical profession in many a fearful scourge. Who measures their action at more than duty? Who heralds the heroes? When the exaggerated alarm was sounded this summer, they stood "firm like a stone wall;" when the calls came, they stood not upon the order of going, but went. Like Beauregard, on Manassas bloody field, leaping from their steeds among the stricken, by their action proclaimed, Brother, we "have come here to die with you," if need be. And some have fallen in the fight. Reverently thankful are we for medical martyrs. Living, they taught men how to die; dying, how to live."

BACILLUS TYPHOSUS.

We have advanced to a stage of scientific verity as to the production of typhoid fever, says Dr. W. G. Weaver in the *Pennsylvania Medical Journal* of January. The bacillus of Eberth, named by him the bacillus typhosus, is a micro-organism invariably derived from a previous case and the doctrine that this disease may be generated, *de novo*, in sewage without the presence of enteric excreta is no longer tenable; neither can it, in the absence of the specific pathogenic germ, be produced by the decomposition, tainted food, the action of other bacteria, nor from other micro-organisms. The germ is eliminated in the fecal discharges and the urine and under favorable circumstances may retain its vitality for an indefinite period. Cesspools, sewers, drains, manure heaps, etc., afford conditions for the germ to maintain its vitality. It is capable of multiplication under favorable conditions and may remain suspended in water and milk and by this means conveyed to the human organism. The germ may be disseminated in the air, alighting in dust on articles of food or in drinking water. It retains its vitality through a wide range of temperature. It has been known to retain its activity after having been frozen in ice for one hundred and three days and when again raised to a temperature of 132 degrees Fahr. Cases

are cited demonstrating the possibility of contagion through food other than milk, although it is admitted that a great majority of cases are by contaminated drinking water.

CUBAN YELLOW FEVER COMMISSION.

On the 9th of December, 1897, a commission was appointed by Gov. A. J. McLaurin to study yellow fever and sanitary conditions in the island of Cuba as follows: "I, A. J. McLaurin, governor of the State of Mississippi, do hereby constitute H. H. Haralson, M. D., of Biloxi; Harris A. Gant, M. D., of Water Valley; J. R. Tackett, M. D., of Biloxi; J. H. Purnell, M. D., of Vicksburg; S. R. Dunn, M. D., of Greenville, and H. M. Folkes, M. D., of Jackson, a commission, any three of whom shall constitute a quorum, with authority to proceed to Cuba for the purpose of making a clinical study of yellow fever as found in that country and further, to make observations in Havana, Matanzas and other Cuban ports as to sanitary conditions of harbors and loading places of vessels bound for ports on the coast of Mississippi.

Said commission to report their investigation so made to the Mississippi State Board of Health. In testimony whereof I have hereunto set my hand and caused the great seal of the State of Mississippi to be affixed. Done at the capitol in the City of Jackson, this the 9th day of December, in the year of our Lord 1897.

A. J. McLAURIN,

By the Governor.

J. L. POWER,

Secretary of State.

Accordingly said commission was called to meet in Biloxi, Miss., on December 16th, 1897. Drs. Haralson, Gant, Folkes and Tackett were present and organized by electing H. A. Gant, M. D., president, and J. R. Tackett, M. D. secretary, and Drs. Gant, Tackett and Folkes then proceeded to New Orleans and sailed for Cuba on the morning of December 18th, arriving in Havana on the morning of December 23d.

On the first day of their arrival they presented their commission to Gen. Fitzhugh Lee, the American Consul at Havana, who received them kindly and did all in his power to facilitate the purpose of their commission.

The committee was introduced to Congosto, the Secretary General of Cuba, who very courteously offered to extend them every opportunity possible to see yellow fever as it prevailed in the military hospitals of Havana, and they were then placed in the hands of Dr. Danzono, Chief Surgeon of Gen. Blanco's Staff, who, for three days, personally, conducted them through the three principal military hospitals of Havana. It was due to the courtesy of the Spanish officials that they were enabled to make a clinical study of yellow fever and make a thorough comparison of the fever as it exists in its native home and that form which prevailed on our Gulf Coast the past fall. •

According to the investigations of the committee, the two types of the disease are identical. Of course the death rate of the disease in Cuba is some higher than that seen in Mississippi last fall, but when we take into consideration the starved condition of the people of that beautiful, but unfortunate, island, and especially now when the war is in progress, and, too, when we realize the fearful insanitary state there and the lack of proper nursing and medical attention, it can readily be understood that the mortality rate is greater than our own. There is no difference between the type of the fever as seen in the two countries.

The committee made a thorough investigation of the harbor of Havana and found it to be beautiful in appearance, but a veritable cesspool of filth in reality. The harbor is tideless; has a narrow entrance of only 200 yards, and is, and has been for a hundred years, a receptacle for the filth of the city and the boats which cover its waters. The drainage of a city of 250,000 inhabitants, with all its filth, offal, etc., is daily flushed into the stagnant waters of this tideless harbor. There is a military hospital located in two hundred yards of this harbor, which has contained yellow fever, day in and day out, for 40 years, and the sewer of this hospital is drained in the harbor in very close proximity of the place where all the vessels bound for the Mississippi coast load and unload their cargoes.

A full report of the commission, which is now in the hands of the President of the Mississippi State Board of Health, will soon be published in this journal and will prove of great interest to our readers.

Public Health.

Board of Health, State of Mississippi.

W. G. KIGER, M. D., President, Brunswick.

J. F. HUNTER, M. D., Secretary, Jackson.

H. A. GANT, M. D., Water Valley.

S. R. DUNN, M. D., Greenville.

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C. H. MURRY, M. D., Ripley.

G. W. TRIMBLE, M. D., Grenada.

H. H. HARALSON, M. D., Biloxi.

THE MEDICAL CARE OF THE SEAFARING CLASS.—The United States Marine Hospital Service has in late years come into such notoriety in connection with the proposed establishment of a National Department of Health that its proper office has quite dropped out of sight. A considerable number of educated people, even among the medical fraternity, believe it to be an institution for the care of sick marines, and many others, who are cognizant of the Marine Corps as a part of the United States Navy, identify it with the medical department of the naval service, and infer that this association with National vessels and through them with foreign countries where naval officers are brought in contact with the breeding places of the great maritime pestilences, justifies the assignment to it of the duties of a seaboard quarantine. This confusion of function has been one of the obstacles in the way of the establishment of an organized independent National Health Department. The officers of the Marine Hospital Service know nothing practically of these alien pestilential breeding places; they have no reason to know it. Their duties properly restrict them to the treatment and care of the sick and disabled seamen among the crews of merchant vessels, at the commercial ports on the sea board and lake board. The United States Marine Hospital Service was created for this purpose and for this solely. Its hospitals have been built and dispensaries and sick quarters established for the benefit of the crews of merchantmen only, as United States Naval Hospitals receive only the officers and crews of men-of-war and other National vessels, the sailors and marines (sea soldiers) of the United States Navy. For this medical care of the mercantile class, Congress has appropriated liberally and the numerous Marine

Hospitals have been erected well equipped with every modern appointment and officered by a corps of carefully selected, thoroughly competent physicians and surgeons of deservedly high repute in the profession. In the organic law, instituting the Marine Hospital Service, this was all it was expected to do. The relegation to it of quarantine duties, a part only of the responsibilities of a National Health Department, has come about without predetermination, and now that the wisdom of such an assignment is contested, the claim is made that the material for such a department exists within the Marine Hospital Service, which can be developed without much further expense to the Government. An establishment already equipped as this is, it is said, can do all the work required without change of personnel, additional expenditure or interference with the other duties of the officers to be diverted to it.

Can this be so? Is it possible that the officers of this strictly hospital corps can be detached from their original and legitimate duties to assume this charge without the appointment of others to take their places? Why should the physician employed to take care of the sick of the vessels of the merchant service be sent to foreign countries and located at foreign seaports and consulates? With better reason, medical officers of the United States Navy might be detailed for this duty. Is there any other reason for the hybrid sought to be consummated than the accidental one that the officers of the Marine Hospital Service are employes of the Treasury Department, which Department has control of the commerce of which these merchant vessels are the carriers. There is very evident disposition at Washington for each department to extend its operations in every possible direction and any attempt at abridging this amplification is resented. As sick sailors were taken in charge by the Marine Hospital Service and cared for in the Marine Hospitals in cases of ordinary ailments when they were affected with communicable diseases of the pestilential class, it was taken for granted that this service was the proper one to consider the means for the prevention of their communication; and as this evidently was a matter of National cognizance, involving, as it did, foreign relations, the need was admitted for some uniformity in the provisions for the inhibition of these maladies as menaces of the public health; and as other diseases were no less prejudicial to the general health, the necessity for their restriction and control was rec-

ognized and it was evident that the department which had the power to hinder the spread of foreign-born communicable diseases should also have control of these, and hence the assumption that the Marine Hospital Service was that specially endowed department. Thus, step by step this service has strayed farther and farther from its proper field, and the time has come when the medical profession shall consider whether the National sanitary interests do not demand something else for their administration than the make-shift adaptation of a bureau specially constituted for other purposes.

But quarantine is only a small part of the matter; there are great and important functions for the new department quite outside of quarantine and irrespective of it which can not be performed satisfactorily by the Marine Hospital Bureau.

Happily the State boards of health are examples of such an organized establishment for the nation as they are for the States, a National Department of Health harmonizing, unifying, connecting and supplementing all these in accordance with the representative character of our American institutions. The Department of Health as at present proposed simply creates an independent bureau, such as the Department of Agriculture was before its chief officer became a cabinet officer, and such as the Department of Labor now is. An *ad captandum* appeal for the sympathy of the medical profession has been made in the gratuitous assumption that the advocates of the bill before Congress, which has the indorsement of the American Medical Association, the American Public Health Association and the State boards of health, are urging the creation of a Department of Health with a politician instead of a physician as its chief. Were there but one physician in the United States eligible by reason of recognized ability as a sanitarian to be chief of such a department this might be feared, but as long as such men live as Walcott and Abbott of Massachusetts, Stephen Smith and Raymond of New York, Rohe and Welch of Baltimore, Mathews and MacCormack of Kentucky, Holt, Wilkinson and Olliphant of New Orleans, Horlbeck of Charleston, Porter of Florida, and the multitude of able and experienced sanitarians of the northwest, who drew their inspiration from the illustrious John H. Rauch of Illinois, all physicians, there is no reason to fear that an honest, intelligent, able and impartial president of the United States, such as is the present in-

cumbent, will ever call to this high office a man who is not physician as well as politician, using the latter word in its honorable and legitimate sense of "one versed in the science of government." The Supervising Surgeon-General of the Marine Hospital Service has abundant opportunity for the administration of his own bureau, and were he ten times as able he can find therein all that he can do, if he do that all well. *Ne sutor ultra crepidam.*—*Journal of the American Medical Association.*

* * *

THE FALLACY OF FIGURES APPLIED TO CLIMATE.—A recent writer speaking of the climate in Colorado says "the severe winters are a great drawback." A resident of Colorado would be likely to resent this statement as incorrect and misleading; and would support his opinion by his own experience, or by an appeal to the experience of any one else who lived there through the winter. He would know that the Colorado winters are not "severe," and might incline to view such a statement as evidence of jealousy, or a desire to keep patients from leaving home to seek the benefits of that climate. Yet he who made the statement would only have to go to the temperature records of the Weather Bureau, would only need to point out that the extreme or the mean winter temperature of Denver was as low as that of Pittsburg or Philadelphia, to satisfy most persons that his statement was strictly correct.

Figures seem so definite, are so readily compared, appear so open and straightforward in their statements that no one wonders at the proverb, "Figures cannot lie." But it would be equally correct to say: "Figures cannot tell the truth." The fact is, that of themselves figures tell nothing, true or false; that alone they have no significance; that they take their meaning entirely from what they are applied. The matter of climate illustrates how by giving them a wrong application they may serve to support a fallacy.

Take the instance mentioned above. The resident of Colorado can truthfully portray its winter somewhat thus: Some time from October to April there will be in the aggregate two to three weeks of about such weather as we had in Pennsylvania at Christmas time, just passed; and the remainder of these six months are like the finest autumn weather of the East, clear, dry, bracing and very pleasant to be out of doors. He can

point out that though the minimum temperatures may be as low at Denver as at Pittsburg or Philadelphia, the weather is much less "severe." Not only does the wind fall with the thermometer, and a zero morning temperature ensure a bright, still, day; but the rarer, drier atmosphere actually does not feel so cold.

Such claims as these are apt to be ascribed to unbalanced enthusiasm, and willingness to distort the facts. Yet they are the truth and have opposed to them only a fallacy of figures. The "severity" of climate depends on the rapidity with which the air carries off body-heat. All would promptly admit that water at 32 degrees is more "severe" than air at the same temperature. To be immersed in the one might kill in a few minutes, while the other might be survived for many hours. Yet many who have given some study to questions of climate have failed to recognize that differences of the same kind, if less in degree, exist between different sorts of air.

The water is more severe than the air simply because it more rapidly abstracts heat, because it requires a great deal more heat to raise the water in contact with the body to the body temperature, than it does to raise the air in contact with the body to the same temperature. But there is the same kind of difference between different kinds of air. The atmosphere at Denver is only five-sixths the density of that of Philadelphia. Assuming it to be equally moist it requires only five-sixths as much heat to raise it to the body temperature. To employ figures to reveal the fallacy that they have created, if the surface of the body has a temperature of 96 degrees the Denver atmosphere at zero will abstract from it the same heat as the Philadelphia atmosphere at 16 degrees above. The same number of heat units will be required to raise the latter 80 degrees as the former 96 degrees in temperature.

But this matter of relative density is only of minor importance. The factor of major importance in climate is the humidity or dryness. Our own sensations have been telling us all our lives that the damp, raw atmosphere of one day is far more "severe" than the air having the same temperature of a different day. Most of us half disbelieve or wholly disregard this testimony. We think it is not scientific, setting it down as fallacy, not to be weighed against the testimony of the thermometer as expressed in figures. But the truth is that our sensations are right. That the testimony of the thermometer does not fully

bear upon the case. That the figures that it furnishes, thus applied to physiological processes, are quite misleading and false.

The specific heat of watery vapor, its power of extracting heat from the body is greater than that of dry air. Any one who will take the trouble to compare his sensations of atmospheric temperatures from day to day, with the reports of the humidity of the atmosphere that can be read in next morning's paper, will soon be convinced that these sensations are to be relied on. If observed under fairly uniform conditions of food exercise and general bodily vigor, they give more valuable evidence as to the weather than the reading of an ordinary thermometer.

There are various other ways in which the fallacy of figures has largely entered into our conceptions regarding climate. Thus conclusions based on mean relative humidity, average rain-fall, absolute elevation above the sea, even latitude, are all likely to be rendered worthless by forgetting the related circumstances that give them physiological significance. Such fallacies should be carefully hunted out, and the whole subject of climate should be studied over again, with care to avoid them. When this is done we shall find that some of the contradictions of experience are reconciled; and we will see how it comes to be a guide superior to the most plausible theorizing.—*The Pennsylvania Medical Journal*.

* * *

THE ANNUAL REPORT OF THE CHICAGO HEALTH DEPARTMENT.—In the annual report for the year 1894, a table of the populations, total reported deaths and the death rates per 1000 of population of all cities in the United States claiming to have population of more than 200,000 inhabitants showed Chicago to have the lowest rate. For the year just closed a similar table is given with the rates for 1894 appended for comparison:

	Claimed Population July 1, '97.	Death Rate per 1000.	
		1897.	1894.
New York.....	1,990,881	19.5	21.0
Chicago.....	1,619,226	13.5	15.2
Philadelphia.....	1,214,256	18.8	18.3
Brooklyn.....	1,140,000	18.2	20.1
St. Louis.....	600,000	15.9	16.1
Boston.....	576,305	21.5	22.9
Baltimore.....	506,398	18.5	19.1
Cincinnati.....	500,000	14.3	18.3
San Francisco.....	360,000	17.1	18.8

Buffalo	360,000	12.5	16.7
Cleveland	350,000	14.2	15.8
Pittsburg	287,500	16.5	18.2
Washington	278,000	19.8	20.2
Detroit	275,000	15.0	15.5
Milwaukee	275,000	13.1	15.7
New Orleans	270,000	25.3	24.9

This is a most satisfactory showing of generally improved public health throughout the country during the past three years—Philadelphia and New Orleans only showing no reduction of mortality. The rate of Chicago, 13.46 per cent. per 1000 is the lowest mortality rate ever recorded, so far as is known, for any city of more than 500,000 inhabitants, either in this country or in any other.

The principal reduction, and the one most gratifying, is that in the deaths of infants and young children—fewer by 12 per cent. among the former, and by 12.5 per cent. among the latter, than during the previous year. Since there was nothing in the condition of the weather to account for this, it is only fair to attribute this saving of infant and child life chiefly to steadily improving sanitary conditions.

The result of this growing improvement is also seen in the marked diminution of deaths from the preventable diseases generally—diphtheria, typhoid fever, consumption, etc. The sanitary quality of the water supply has averaged distinctly better than in 1896. To this better quality is largely due the reduction in the mortality from typhoid fever and the other impure water diseases. Some share of this reduction is undoubtedly due to the increasing care exercised by the public in the use of the hydrant water when it is found to be polluted. The daily laboratory examinations and the warnings based thereon are known to cause many persons to resort to boiling, or some other means of purification when the water is announced by the daily press to be "suspicious" or "bad." Fewer deaths from diphtheria have occurred during the year than in any other since 1884. Antitoxin in the treatment of diphtheria is probably used more freely and successfully by Chicago physicians than by any similar body of the medical profession elsewhere in the world. To their general, prompt and scientific employment of the remedy is to be ascribed the wonderful reduction in diphtheria mortality from an average of 35 per cent. prior to its introduction to 6.6 per cent. in nearly 4000 cases coming under the direct observation of the department. The

inception of the antitoxin treatment of diphtheria by the Chicago Department of Health dates from the importation by the commissioner in the fall of 1893 of 100 vials of the Behring serum. The remedy is now made available to physicians at a greatly reduced price and the department further supplements their labors in the treatment of diphtheria by maintaining upward of a hundred antitoxin stations throughout the city for sub-laboratories for prompt bacteriologic diagnosis, and a corps of experts for assistance in various ways. In the laboratory 26,028 chemic and 3919 bacteriologic examinations were made. Out of upward of 23,000 samples of milk and cream collected by the inspectors and analyzed in the laboratory, only 1080, or 4.7 per cent., were found below grade. Through the inspections of the sources of the city's ice supply, including analysis of the waters of the ice fields, and the strict control of the disposition of impure ice made practicable under the present system, there has been a great improvement in the quality of ice furnished for domestic use, and it is now almost impossible to deliver impure ice for domestic use without prompt detection. The department meat inspectors have condemned approximately 2,000,000 pounds of meat as unfit for food, and supervised its destruction. Inspection of groceries and general food supplies has become a regular part of the laboratory work. The list now includes almost every variety of food products. Total mortality and mortality from principal causes during 1897 (compared with 1896): Total for 1897: All causes, 21,809; deaths under 1 year, 5735; deaths from 1 to 5 years, 2811; diseases of nervous system, 2787; consumption, 2180; pneumonia, 2152; acute intestinal diseases, 1386; violence, 1410; diseases of the heart, 1365; infantile diarrhoea, 1085; bronchitis, 1026; diphtheria, 702; nephritis, 937; typhoid fever, 437; cancer, 773; other zymotic diseases, 542; other tuberculous diseases, 394; croup, 72; scarlet fever, 81. Total for 1896: All causes, 23,257; deaths under 1 year, 6512; deaths from 1 to 5 years, 3201; diseases of nervous system, 3018; consumption, 2310; pneumonia, 2141; acute intestinal diseases, 1859; violence, 1362; diseases of the heart, 1231; infantile diarrhoea, 1202; bronchitis, 1165; diphtheria, 956; nephritis, 818; typhoid fever, 751; cancer, 734; other zymotic diseases, 517; other tuberculous diseases, 357; croup, 142; scarlet fever, 54.—*Journal of the American Medical Association.*

Abstracts and Extracts.

DEFECTIVE MEDICAL EDUCATION.—The foregoing is the title of a recent editorial in the *New York Medical Record*. The editor says: "The epidemic of yellow fever in the South may turn out, after all, to be not an unmixed evil. If by its means more attention should be paid to the study of bacteriology, and the etiology of yellow fever should be made clear, then it may be said that the good it will have done will outweigh the evil." Looking at this subject from a scientific standpoint, there are few who would not agree with the statements above, and yet, from a humanitarian and business point of view, there would certainly be a lack of unanimity, especially from the people of the South. In the first place we do not think that the presence of yellow fever in the South will add much information to our present knowledge of its etiology, for the disease caused such widespread consternation in those places and cities where it occurred that time was not given to its scientific aspect so much as effort on the part of neighboring towns to institute a "shot-gun quarantine." Yellow fever, except in a few exotic cases, is a rare occurrence in the South, and medical health officers at our seaport towns bear out the observation that when cases do occur they are usually of foreign growth. It is true that when the fever obtains a foothold in some of our Southern cities its tendency is to spread, especially if the environments are such as favor symotic diseases, but epidemics of yellow fever come in waves, and fortunately this goodly country of ours is not often visited by such a pestilential mishap. This last epidemic of fever shows conclusively one thing, and that is that either the type of the disease was much milder than those of previous occurrence, or that the sanitary regulations of our Southern cities have greatly improved. The latter is certainly the more plausible explanation, for as the South has advanced in her material aspects, so also she has made rapid progress in her medical education. While it is true that there are too many medical colleges for the good of the medical profession, it is equally true that the South is not near so much crowded with these institutions as some other portions of our country. How long this will continue to be the case we are unable to say, since so-called

medical colleges are springing up like mushrooms all over the country. The Southern colleges offer to Southern students of medicine many advantages which they can not obtain in the North. The Southern cities like Nashville, Atlanta, Charleston, Augusta, New Orleans, where excellent medical schools are located, are all large enough to furnish most excellent clinical material. The rare cases in both medicine and surgery which a student sometimes sees in the hospitals of some of our big Northern cities are not the ones which they will have to treat when they begin the practice of medicine. The *Hospital*, an English publication, in an editorial recently calls attention to a speech made by the dean of St. George's Hospital, in which he referred to some of "the defects in the system of modern medical education," and particularly the want of knowledge in Great Britain of the tropical diseases. These statements are certainly applicable to the study of medicine in the United States. It is a well known fact that certain diseases are peculiar to certain localities, and it is equally true that geographical positions change the character of the same disease. The young man who expects to practice medicine in the South can not expect to become familiar with Southern fevers in Northern hospitals. Do not understand us as meaning that a young man should narrow his medical education to one locality, for a man's knowledge was never too extensive. What we do mean is that our Southern colleges are every year better equipped for turning out good physicians, and their hospitals offer a far better inducement for the study of those diseases which they will meet with in their everyday practice than can be found in many of the Northern institutions. We believe the day is rapidly coming when Southern young men will seek Southern colleges in their efforts to gain a medical education.—*Atlanta Medical and Surgical Journal*.

THE SAFEST PRACTITIONER.—Which are the safest practitioners of medicine, the old with all their clinical experience, or the young with the latest theories with very little clinical experience? It is true the young will rush in where the old would fear to tread. It is true that the young, just out of college, have more faith in the efficacy of drugs than the old. It is true, also, that the young think the old are antiquated and behind the times. I regret to say that the young in many instances think

themselves superior in the way of medical lore than the old with all their clinical bedside experience and reading.

Of course, this flattering satisfaction in their own minds is their capital in stock. The old have tried every drug and means in the way of treatment and held to those which gave the most satisfaction. It is true the old have borne the brunt and responsibility of the profession and handed it down unsullied to the young in its present progressed state. The old we should honor for this alone. Many of the old have been in the epidemics and epidemics of cholera, yellow fever and smallpox, they have stood by and administered to the sufferings on the field of battle when it tried men's souls, and they have treated diseases peculiar to every climate in our common country. Shall we then say that they are antiquated and behind the times? No, a thousand times no. The old's life-time clinical experience at the bed-side of the sick and afflicted is a thousand times more valuable to the practitioner of medicine than the young's college and book lore. It must not be forgotten too that the old have been students of medicine their life-time, not only experimental students, but students of books and journals. We may say truthfully that the more experience a physician has had, the more capable he will be to practice successfully his profession. Of this the young will be we hope fully convinced when the silver gray is beginning to bedeck their heads, the deep wrinkles of professional responsibilities begin to furrow their faces and when their straight forms will become a little more crooked. — *The Charlotte Medical Journal*.

* * *

REFILLING PRESCRIPTIONS—A DEPLORABLE EVIL.—A matter which promises to soon demand legislative interference is that practice indulged in by druggists of refilling prescriptions without instructions from the physician who prescribed same. To this practice is due the development of many drug habits and the ultimate downfall of otherwise good citizens. But aside from the evil of encouraging "dope" fiends, the practice has other objectionable phases. One of these is that of the indiscriminate use of one prescription by certain individuals for numerous different ailments. This is customary in every household; John gets a prescription for a given condition from a physician, and when James is taken down it is of course the same

disease, and all that is necessary is to have the bottle refilled and take the medicine which cured John. One can readily comprehend the disastrous results likely to follow this practice when freely indulged in as at present. These two objections, as urged above, should convince legislators of the importance of putting a stop to prescription refilling without instructions, but since there is no immediate prospect of securing the enactment of such legislation, we would urge that physicians always write upon their prescriptions, imperatively, DO NOT REPLY.—*Memphis Medical Monthly.*

Medical News and Miscellany.

FOR SALE IN MISSISSIPPI.—A two thousand dollar practice, seven room residence, all necessary outbuildings, a well of good water, 6 acres of land attached, in a growing railroad town with good church and school facilities. Address this office.

The governor of Louisiana has appointed a new board of health to succeed the board recently resigned. I do not believe the new board is any improvement on the old, nor do I believe it will give any better satisfaction to the people of New Orleans unless it gives more attention to the commercial interests of the city and less to sanitary matters. It will be a source of gratification to Mississippians to know that Dr. Luther Sexton is one of the new members. This was decidedly a wise selection. The people of Mississippi, since the demands for the resignations of members of the old board were made, have felt that it was the purpose of the commercial exchanges of New Orleans to organize a new board entirely in the interest of the commerce of that city. We felt that the old board had done its duty from a sanitary standpoint and had dared to tell the truth relative to the fever. Taking this view of the matter it naturally created a distrust in our minds, but now since the name of Luther Sexton appears on the new board we feel easier for we have confidence in his ability, honesty and integrity. We know how he feels toward Mississippi and her people, and knowing this we feel that this worthy son will dare to shield his native State from danger so far as it is in his power to do so.

Old ulcers that have baffled the skill of physicians for years, will heal rapidly and satisfactorily by using applications of Senine Powder. Semine stimulates cellular activity and promotes granulations—has pronounced bactericidal power and desiccative action. Under the influence of this powder ulcers of all character readily cease sloughing and assume a healthy condition, secretions are diminished and healing facilitated. Common, healthy and unhealthy, indolent, irritable, sloughing, fungus, superficial and deep ulcers yield to this simple treatment when other procedures fail. Sample and formula mailed on application. Dios Chemical Co., St. Louis.

Sympathy goes out to Dr. Swayze, of Yazoo City, in the loss of his young and beautiful wife. It was less than a year ago that he won one of Yazoo's fairest daughters as his life's companion and it is indeed sad to see death's dark shadow cross his happy home. The RECORD accords him sincere sympathy in his bereavement.

December 29, 1897.

To the Imperial Granum Company, New Haven, Conn.:

Dear Sirs—I have raised my baby on Imperial Granum, and no healthier child can be found in the city. She is 3 years old, weighs thirty-six pounds and still has two meals a day consisting almost wholly of Imperial Granum. Her last meal at night is Imperial Granum only. It is soothing, nourishing and satisfying, and gives good sleep and no nightmare, which children so frequently have from improper evening feeding. I always speak enthusiastically for the Imperial Granum, for I know of no food that is as good for babies and children. —, M. D.

Literature and samples for clinical test supplied only to physicians and trained nurses. Sent free, charges prepaid, on request. Correspondence solicited.

Dr. S. R. Dunn, of Greenville, a member of the Mississippi State Board of Health, was a recent visitor to Biloxi. The doctor's shadow has not grown less since his arduous duties of the past fall in fighting the bronze pestilence at Edwards and vicinity.

A WINTER REMEDY.—That Codeine had an especial effect in cases of nervous coughs, and that it was capable of controlling excessive coughing in various lung and throat affections, was noted before its true physiological action was understood. Later it was clear that its power as a nervous calmative was due, as Bartholow says, to its special action on the pneumogastric nerve. Codeine stands apart from the rest of its group, in that it does not arrest secretion in the respiratory and intestinal tract. The coal tar products were found to have great power as analgesics and antipyretics long before experiments in the therapeutical laboratory had been conducted to show their exact action. As a result of this laboratory work we know now that some products of the coal tar series are safe, while others are very dangerous. Antikamnia has stood the test both in the laboratory and in actual practice; and is now generally accepted as the safest and surest of the coal tar products. Five grain "Antikamnia and Codeine Tablets," each containing $4\frac{3}{4}$ grains Antikamnia, $\frac{1}{4}$ grain Sulp. Codeine, afford a very desirable mode of exhibiting these two valuable drugs. The proportions are those most frequently indicated in the various neuroses of the throat, as well as the coughs incident to lung affections.

Drs. H. A. Gant, of Water Valley, and H. M. Folkes, of Jackson, stopped by with their Biloxi friends for a few days on their return from Cuba. These gentlemen are both connected with the State Board of Health and were stationed at this place during the recent epidemic of yellow fever on the coast and by their uniform kindness and professional skill won many warm friends here.

FUNCTIONAL DISEASES OF THE UTERUS AND APPENDAGES.
—In the treatment of functional diseases of the uterus and appendages, Dioiburnia (Dios) holds a most remarkable curative influence in its marvelous tonic effect on the entire uterine system, and is therefore indicated in all abnormal conditions, whether dysmenorrhea, amenorrhea, menorrhagia, or any functional wrongs of women. Aching back, bearing down abdominal pains, soreness of the lumbar region, is an abnormal condition in which Dioiburnia is indicated, and should be administered in

tablespoonful doses, three times a day in hot water. Dios Chemical Co., St. Louis.

It seems to be a prevailing opinion among the people in other sections of the State and throughout the surrounding country that Biloxi is still having sporadic cases of yellow fever. This is not true. In fact, the town enjoys perfect freedom from all kinds of contagious or infectious diseases and the health of the people was never better.

A VITAL QUESTION.—In a recent exhaustive article on the alarming question of food adulteration, *The Medical Progress* says: "If food that should be pure, especially when it is required for the sick, is thus adulterated, how are we to expect the recovery of our patients? The best way out of the dilemma is for the physician to insist that his patients shall have only such products as are prescribed and recommended by him! There is one article of diet that can be relied on whenever a nutriment is needed for the invalid, and it is the Imperial Granum Food, a wheat preparation of absolute purity, that is especially beneficial in all gastric and enteric troubles."

Under the auspices of the United States Marine Service, Biloxi is undergoing another system of fumigation, and everything is being done by the people to thoroughly air and ventilate their homes and premises and insure future health.

SANMETTO FOR **GENITO-URINARY DISEASES.**

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

A Vitalizing Tonic to the Reproductive System.

**SPECIALLY VALUABLE IN
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER—
CYSTITIS—URETHRITIS—PRE-SENILITY.**

DOSE:—One Teaspoonful Four Times a Day.

OD CHEM. CO., NEW YORK.

SANATORIUM

... FOR THE ...



DISEASES OF WOMEN.



Drs. MAURY & MITCHELL,

111 COURT STREET,

MEMPHIS, TENN.



This building has been erected especially as a Sanatorium for the treatment of the Diseases of Women. It has been constructed with great care and in accordance with the most approved principles of sanitary science. Its equipment with all the appliances necessary for the treatment of disease is complete. It is the endeavor of those in charge to make this a temporary home, as well as a place of rest, where invalids will find every comfort they may desire. Physicians who wish to send patients away from home for the surgical and medical treatment necessary in this class of diseases, may feel confident that everything possible will be done here for their restoration to health.

For further information DR. MAURY can be addressed at the Sanatorium.

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MEDICAL RECORD

—OF—

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Original Articles.

Ovariectomy—For the Relief of Obstinate Metritis and Endo-Metritis, Associated with Cystitis—Report of a Case.*

BY J. T. B. BERRY, M. D., BRANDON, MISS.

About four years ago Miss C. H., a young woman twenty years of age, daughter of a farmer, was brought to me for treatment for painful menstruation.

Gave following history:

Began to menstruate at the age of fourteen; had no trouble until she was seventeen, when menstruation began to be painful without apparent cause, unless due to exposure and hard work during the periods: some time later, perhaps one year, she began to suffer also with cystitis: her sufferings grew worse, until when she had applied for treatment she had for months been forced to keep her bed for a week or ten days during each period: she was also the subject of habitual constipation.

Examination revealed metritis, endo-metritis, and some tenderness in each ovary. Her general health was much impaired, and she was considerably emaciated. She was put to bed, ordered to use the hot vaginal douche, and put on general treatment with a view to relieving the constipation and improving her general health. Under this plan she improved somewhat, but in a few

*Read before the Mississippi State Medical Association, April, 1897.

months was just as bad as ever. There were local measures adopted in conjunction with the general—viz: cervical dilatation, intra-uterine irrigations, intra-uterine applications, curettment, etc., etc. The bladder had also received its share of attention. These measures were each in its turn thoroughly and persistently tried with only partial and temporary relief. Finally removal of the ovaries as a last resort was advised and readily consented to and even insisted upon. The case had now been under treatment for about three years, with no appreciable improvement.

The operation was done in August last year. She took chloroform badly but recovered nicely from the operation, the only interruption being a small stitch abscess which gave but little inconvenience. Silk-worm gut sutures were used to close abdominal wound.

Of course the painful menstruation was relieved in toto.

The other symptoms, due to the inflamed condition of the uterus and bladder, gradually subsided, until now (eight months after operation) she is entirely relieved of all suffering referable to those organs. She suffers occasionally with rheumatism, but with that exception is entirely well. This, however, has not developed since the operation, but she had suffered with it before. Several members of her family suffer with it.

Both ovaries were found to be badly diseased but only slightly enlarged. The tubes were but slightly inflamed, so little that it was deemed unnecessary to remove them.

It does not follow from the above that I would recommend removal of the ovaries for the relief of every case of dysmenorrhoea, or even in extreme cases, until more conservative measures have been thoroughly and persistently tried without relief.

But in such cases as the one herein reported I would not hesitate to advise the operation after the failure of other measures to give relief. In such cases the ovaries are often more diseased than is suspected, and are the chief source of irritation, and until their removal all efforts to restore your patient's health will be futile.

No drainage was employed in this case.

Mississippi State Medical Association.

Proceedings of Thirtieth Annual Session, Held in Representatives' Hall, Jackson, Miss., Wednesday, April 21, 1897.

MORNING SESSION.

WEDNESDAY, 12:00 M., April 21, 1897.

The members of the Mississippi State Medical Association assembled in the Representative Hall, in the city of Jackson, at 12 o'clock m.

Dr. J. W. Gilbert, of Corinth, the president, occupied the chair and called the Association to order.

The President then introduced Rev. J. B. Hutton, who, in most beautiful language, invoked Divine blessing.

Dr. Gilbert then introduced Gov. A. J. McLaurin, who, in his usual happy vein, welcomed the Association to the city of Jackson and the homes of the people.

Dr. B. N. Ward, in behalf of the Association, delivered the response to the address of welcome in the following happy style: Your Excellency, Governor McLaurin, and Gentlemen of the Medical Association:

Mr. President—Would I were blest with words of wisdom and of power wherewithal I might challenge your attention to the message intrusted to me as the spokesman of this cultured gathering of gentlemen.

Greeted, as we are this hour, here in the hall of the capital of a commonwealth as chivalrous and great as any of the olden time of song and story, here in Mississippi's "city of the violet crown," famed for a beauty of women and a knightliness of men, that would stir in fire and gladness the harp of the gayest troubadour in all the world, for the sweet welcome to such enchanting hospitalities, in behalf of my comrades and myself I would lay before your feet four obeisance and most gracious honor. Here on this honored spot, where hovers the genius of the state

to always look upon and keep the interests of valorous sons wherever they may be, from the sunlit mansions of the shores of ocean, to the cabin doors amid the sighing pines, it is meet, my brethren, to feel the quickening consecration of the place and hour. And called, as we are, to hold aloft the light of knowledge and of truth that Mississippi's manhood may be advanced to ever-freshening glories through our guardianship of the health of home and state, our profession becomes a benefaction and a blessing to the rising generations of the children of men.

Old as those Druidic shrines that stood long centuries ago, at whose mysterious altars ministered him who was the priest and yet the honored leech of his confiding suppliants, and new as this good day, when man woos resource from the wood, and wave and stars, the medical profession lies enshrined in the hearts of all the ages. On the fair faces of the nations long since dead and crumbled into dust, even now the wisdom of our ancient fathers lingers in a twilight gay and mellowing but true, while many a century yet to come will feel the inspiration that sanctifies the tomb where sleeps our great Hippocrates.

With an eye always singled to the advancement of the happiness of the human race, we need not wonder that, amid Homeric rhapsody the fame and chivalry of great physicians flew on wings of fire to form the theme of the great gods on the snowy peaks of high Olympus. Advancing with equal pace to all the inventive genius and expanding art of man in every epoch and in every clime, our noble calling stands forth to-day in a brightness and a splendor of which fair-haired Latona's son speeding shafts from off his silver brow, was but the type and dawn.

The present decade marks the surgeon as a king of men upon the outposts of the peoples and the nations, of whom the waiting world is asking, "Watchman, on your towers, what of the night?"

Some thirty years ago the wounded soldier, lying on the field of battle with viscera all torn and bleeding by the shock of shell and ball, was left to die in tracks of cannon wheels with the scalper powerless to save. But with an ease and confidence evolved from the success and progress of our art, the honored masters of to-day invade and save where the eagle genius of the past grew faint and quailed. Along the labyrinthine niches of the brain, and into those hidden habitations, where our very thoughts are born, and our emotions dance high carnival on their nerve-woofed floors, the surgeon's knife is flashed to drag into

the tigt of day the Protean forms of fell disease. Genius has wooed and won the light that makes the substance of the body as transparent as the air, and Roentegen makes us see, as face to face, though a darkness that knew before no star. And do we dream, as we prophesy, that the time will come at last when, through the surgeon's skill and art, consumption, the dread monster of the races, will be bearded in the lair in which he has wrought such mighty harvest for the dead.

The present, my brethren, is filled with the most brilliant auspices for the future. The charlatan and quack are being hunted to their most deserving death, and a grateful procession is preserving on canvas and in stone the memories of her great and good that loftiest ideals may be stirred in the lives of generations yet unborn. In the mighty metropolis of America stands the statue of Marion Sims, that flowery gentleman and coeur-de-lion of the surgeons of the south, whose achievements have honored his country's name on the walls of every capital of Europe; and, as one looks upon that smooth and smiling face, which God Almighty seemed to have shadowed with his strength and peace, and as we look upon those gentle hands which plucked fair womankind from misery and death, the victories of the fiery Corsican, and the rides of Knightly Roland and his palladins through the pass of Roncevalles, fall before the fame of him who conquered nations with blessings of his genius and his skill.

"Peace hath her victories, no less renowned than war."

From the chaff of things about us through the light of knowledge and of science, are being winnowed the golden seeds of the good and true, and the world now greets with homage such names as Sims, and Stone, and Gross, to plant them in the pantheon of her great. We congratulate the state that this lesson of the immortality of the learned and the degradation of the ignorant, is being so amply taught by the medical examining board, which is the loftiest eulogy upon the profession of the state.

The standard which you have set is this very moment challenging the medical attention throughout the south, and you are looked upon as the heralds of a brighter and a better day. And may there be such a complete fulfillment of your promises and hopes, that, as it was the boast of the French soldier that he belonged to the "army of Italy," so may it be the grace and pride of every young professional life within our borders that he has

entered the medical temple through the learned testimony of the Mississippi board, and let the world know

“ We hold it truth with him who sings
To one clear harp in divers tones
That men may rise on stepping stones
Of their dead selves to higher things.”

I can but conclude, as I began, by an expression of the profound thanks of these, my brethren, for the hospitalities of this fair capital city, tendered through the eloquent voice of our distinguished governor.

And how could Jackson, throned as the very center of our civic hopes, and beautiful with so many gentle memories, be otherwise than the very lady of our hearts and loves.

The roll call by the secretary showed the following members present:

Drs. W. H. Anderson, Pickens; P. R. Brown, Eupora; J. T. B. Berry, Brandon; E. C. Coleman, Kosciusko; G. M. D. Chester, Free Run; B. L. Culley, Jackson; I. H. C. Cook, Augusta; G. T. Darden, Blanton; John E. Davis, Columbus; John Darrington, Eden; T. H. Gullett, Goodman; H. H. Haralson, Biloxi; J. F. Hunter, Jackson; Carroll Kendrick, Kendrick; Buford Larkins, Oakvale; A. G. McLaurin, Brandon; H. A. Minor, Macon; K. P. Perkins, Batesville; W. M. Paine, Aberdeen; G. C. Phillips, Lexington; W. E. Peek, Morton; P. W. Rowland, Coffeeville; R. W. Roland, Flora; J. H. Rhodes, Jackson; H. N. Street, Gloster; Geo. A. Teunisson, Monticello; J. R. Tackett, Meridian; C. H. Trotter, Bogue Chitto; J. W. Young, Grenada; S. H. McLean, Jackson.

In the absence of many of the Executive Committee the President appointed the following to fill the places, pro tem: Dr. G. C. Phillips to fill Dr. Beadle's place; Dr. H. A. Minor for Dr. J. D. Smythe; Dr. J. E. Davis for Dr. W. S. Sims; Dr. J. W. Young for Dr. W. D. Eastland; Dr. W. M. Paine for Dr. R. E. Jones; Dr. E. C. Coleman being present.

Adjourned to meet at 3 o'clock.

AFTERNOON SESSION.

Association called to order at 3 o'clock, Dr. Gilbert presiding.

First order of business was the selection of the Nominating Committee, which resulted as follows:

First District—Dr. J. E. Davis. Second District—Dr. K. P. Perkins. Third District—J. N. D. Shinkle. Fourth District—

Dr. P. W. Rowland. Fifth District—Dr. W. H. Anderson. Sixth District—Dr. H. H. Haralson. Seventh District—Dr. B. L. Culley.

The committee was then obligated by the President.

Dr. J. W. Gilbert, the President, then delivered his annual address, which proved one of those masterful papers which is characteristic of Dr. Gilbert's writings.

The following resolution, offered by Dr. H. H. Haralson, of Biloxi, was carried:

Resolved, That the thanks of this Association are due and hereby tendered Gov. A. J. McLaurin for the hearty welcome tendered this Association, and to Dr. B. N. Ward for his beautiful response, and the eloquent prayer by Rev. J. B. Hutton, and that these addresses be requested of the gentlemen for publication in the transactions.

Resolved, That the thanks of the Association is due and hereby tendered the President, Dr. J. W. Gilbert, for his able address, and the same referred to a special committee of three. Carried.

The President appointed on this committee Drs. Haralson, Perkins and Rowland.

The first paper of the evening was presented by Dr. Chesley Daniels, of Holly Springs, on "A Case of Tetanus." Moved by Dr. Kendrick that the paper be received with thanks of the Association and referred to the Publication Committee. Discussed by Drs. Bennett, Kendrick, Cook, Howard, Perkins, Weissinger, and Crisler.

Dr. W. M. Paine, of Aberdeen, read a paper of Dr. R. P. Wendel, Aberdeen, on "Schleik's Infiltration Anaesthesia." Moved that the paper be received and referred to the Publication Committee.

The report of the Publication Committee was read and same left undiscussed to give way to the report of the Executive Committee.

The following new members were admitted to membership:

E. F. Arnold, Bellefontaine, Webster county; A. L. Emerson, Eudora; E. M. Ellis, Torrance; W. B. Dickens, Greenwood; W. R. Brumfield, Huron; S. M. Watson, Pleasant Hill; John Tackett, Richland; J. V. Hamilton, Bowling Green; T. M. Wiley, Bowling Green; R. E. Higdon, Fort Adams; W. L. Howard,

West: M. W. Hamilton, Goodman: B. J. Barnette, Shrock: J. W. Eckford, Starkville; F. M. Phillips, Acona.

The report of the Publication Committee was again taken up and same adopted. The report is as follows:

To the Publication Committee, Mississippi State Medical Association:

Gentlemen—According to a resolution, page 6 of the Transactions, 1896, I was elected editor of the Transactions, with the question of publishing the same in sections left entirely to me. I decided that it would not be wise to inaugurate this method without submitting it to the Association, so I beg to make the following report:

I contracted for the publication of the Transactions with the Biloxi Herald, 500 copies, at 80c per page. This, with extras, such as

cuts, etc., amounted to.....	\$194 55
Stamps for mailing Transactions.....	35 00
Stamps for correspondence	5 00

Total.....	\$234 55
Receipts for advertisements.....	90 00

Net cost of Transactions.....	\$144 55
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I think this is the best showing that has ever been made in the publication of the Transactions.

In view of the fact that I was appointed editor of the Transactions with instructions to publish in sections if I thought best, I want to say that I am now ready to turn the enterprise over to the Association for an Association Journal if it is desired that I do so, provided I am reimbursed for what I have already expended, and provided, further, that the publication reverts to me when it has accomplished the purposes of the Association and the Association desires to discontinue its publication; at which time I will pay back to the Association the amount it pays me now.

I do not make this suggestion or offer with any desire to be relieved of the work I have undertaken, but for the purpose of advancing the Associations interest in the State. The Association can have 500 copies published at 80 cents per page, and five cents per page for each additional hundred copies.

The Association can if it desires, adopt another plan as follows: Let me continue the publication of my Journal as I have begun and have the papers published in same, each month laying aside 500 copies or as many as it may want bound. This can be done at a cost of five cents per page for each 100 copies. At the end of the year the copies laid aside each month can be

bound in one volume. To adopt this plan would require the printing of not more than 50 pages of matter not suitable for publication in the Journal at a cost of 80 cents per page.

Still another plan can be adopted, viz: The Association can have published in the Journal such papers as may be desired and these can be published in the Transaction at from 40 to 60 cents per page and the balance at 80 cents.

Either of these methods greatly lessen the expense of printing without working any hardship on the Association. In fact, I think the first or second method would be a decided advantage to the Association and it is immaterial to me which method, if either the Association adopts.

H. H. HARALSON.

Mr. President—Your committee recommends the adoption of the first named plan in Dr. Haralson's report, and also suggests that each member continues to pay \$1.00 for the Journal.

R. E. JONES, Chairman.

Dr. P. W. Rowland, of Coffeeville, offered the following, which was carried:

Whereas, The Mississippi State Medical Association, in session at Jackson, April 21, 1897, learns with the deepest concern and regret of the devastation caused by the unprecedented floods in the great delta;

Resolved, That we do extend our deepest sympathies to the heroic people of that section, and especially to our absent brethren, those ever-faithful members of the Association of whose wise councils and welcome presence we are thus deprived.

EVENING SESSION.

Association convened at 8 o'clock, Dr. Gilbert in the chair.

First paper of the evening was that of Dr. C. E. Catchings, of Woodville, on "Epilepsy—Its Treatment," read by Dr. Nolan Stewart, Jackson. Moved and seconded that the paper be received and referred to Publication Committee. Discussed by Drs. I. H. C. Cook, R. E. Howard, J. E. Davis, Ellett, Bennett, Kendrick, Young, Street. Discussion closed by Dr. Stewart.

The next paper was from Dr. E. O. Ellett, of Memphis, on "Albuminuria Retinitis—Its Value as a Diagnostic and Prognostic Sign." Paper received with thanks of the Association and referred to Publication Committee. Discussed by Dr. Crisler.

The following physicians have arrived on late afternoon trains who were absent at first roll call:

Drs. B. A. Shepherd, Lexington; J. Mell Smith, Coffeeville; Z. J. Scott, Crystal Springs; T. W. Foster, Zeiglersville; Chesley Daniels, Holly Springs; L. M. Mays, Graysport; R. E. Howard, Durant; C. B. Clark, Kosciusko; Carroll Kendrick, Kendrick; J. A. Crisler, Canton; J. N. Rape, Tehula; T. J. Mitchell, Jackson; S. D. Robbins, Vicksburg; C. B. Connerly, Ruth; W. P. Gatlin, McComb City; F. D. Priddy, Sartoria; S. D. Robertson, Dover; Z. J. Scott, Jr., Utica; Nolan Stewart, Jackson; W. S. Weissinger, Hernando; E. L. McGehee and L. Sexton, New Orleans.

Next paper, "Convulsive Melancholia," by Nolan Stewart, Jackson. Paper received with thanks and referred to Publication Committee.

"Ipecac in the Treatment of Malarial Dysentery," title of paper by R. E. Howard, Durant. Received with thanks of the Association and referred to Publication Committee. Discussed by H. H. Haralson, G. C. Phillips, E. C. Ellis, P. W. Rowland, Crisler, J. Mell Smith. Closed by Dr. Howard.

Motion to adjourn prevailed, to be called to morrow morning, at 9 o'clock.

SECOND DAY.

THURSDAY MORNING, April 22, 1897.

Association called to order at 9 o'clock, Dr. Gilbert presiding.

Dr. C. Kendrick, of Kendrick, read a valuable paper on "Diseases of the Rectum." Paper received with thanks and referred to Publication Committee.

Another paper by Dr. Kendrick, on "Ulceration of Rectum," was received as above. Discussed by Drs. Rowland and Sexton.

Next paper, by H. H. Haralson, of Biloxi, on "The Protective Rights of the Insane Criminal, as Reviewed by a General Practitioner." Received with thanks of the Association and referred to Committee on Publication. Discussed by Drs. T. J. Mitchell, E. L. McGehee, M. Galtman, G. C. Phillips, L. H. C. Cook, J. W. Bennett, S. D. Robbins, J. A. Crisler.

REPORT OF EXECUTIVE COMMITTEE.

Executive Committee made the following report:

Recommended that the Secretary of the Association be instructed to furnish Dr. James D. Spencer, of New York, with the

information desired in his letter, and, further, that the President appoint a Legislative Committee for the purpose of co operating with his committee in the matter.

The Executive Committee refers to the Association, and submits for its action, the letter of Dr. D. W. Sherrod, colored, Macon, who asks for information as to whether colored physicians would be permitted as members of the Association. The following resolution was offered by Dr. Haralson: That Article 3, Section 1, referring to membership, should be so changed that the words "white licentiate" be added to it.

Report of J. R. Tackett, secretary, received and approved, and recommended that the part concerning necrology be referred to Committee on Necrology.

Recommended that the letter of Dr. John B. Roberts be referred to the incoming President.

Resolved, That the letter of Dr. T. Z. Roddick, president of British Medical Association, of Montreal, Canada, be referred to the Association, with the recommendation that the thanks of the Association be returned to Dr. Roddick, and that the Nominating Committee be instructed to name a delegate.

We recommend that the communication of Dr. Easterdon, of New Mexico, be referred to Committee on Publication.

We have examined Treasurer's report and find it correct, and we recommend that the Association thank those gentlemen for their kindness in advancing money for the Association.

The following named gentlemen having presented their petitions properly endorsed, with the dues for one year and initiation fee, are recommended for membership: Drs. J. D. Gilleylen, Dover; J. M. Shelby, Camden; G. E. Ellis, Utica; E. J. Burnett, Rocky Springs; B. N. Ward, Carthage; C. A. Johnson, Banner; Lee T. Fox, Water Valley; J. N. D. Shinkle, Friar's Point; R. C. Brooks, Forest; S. A. Magure, Dixon.

H. A. MINOR, Chairman Committee.

Paper by Dr. R. E. Jones, Crystal Springs, on "Obstruction of Male Urethra, with Cystitis and Nephritis." Paper received and referred to Publication Committee. Discussed by Drs. Rhodes, Darrington, Phillips, Cook, McGeehee, Sexton, Howard. Discussion closed by Dr. Jones.

"Circumcision of Infants and Adults," title of paper read by C. B. Clarke, Kosciusko. Moved that paper be received and same referred to Publication Committee.

Dr. I. H. C. Cook, of Augusta, read a paper on "Phimosis." Referred to Publication Committee, with thanks of Association. Paper discussed by Drs. Minor, McGehee, Howard, Darrington, Culley, Bennett. Discussion closed by Dr. Cook.

Motion to adjourn prevailed.

AFTERNOON SESSION.

Association came to order at 3 o'clock, Dr. Gilbert in the chair.

First paper of the afternoon was one by Dr. R. B. McKinney, of Memphis, titled "Tubercular Laryngitis." Paper received and referred to Committee on Publication. Discussed by Drs. Krauss, Weissinger and Galtman. Discussion closed by Dr. McKinney.

Executive Committee recommended the admission of Dr. L. D. Dickerson, McComb City, whose name was enrolled.

"What Must We Do to Succeed." Paper by Dr. John Darrington of Eden. Paper received and referred to Publication Committee.

Paper by Dr. W. L. Little, of Wesson, on "Pneumonia" was read by the Secretary. Paper received with thanks of the Association.

On motion the Executive Committee reported favorably on the application of Dr. F. S. Young, of Jefferson, whose name will be enrolled on the books.

Discussion of Dr. Little's paper by Drs. Howard, Paine, Cain and Darrington.

"Report of Cases," by W. B. Rogers, Memphis. Paper received with thanks of the Association and referred to Publication Committee.

"Abscess of the Liver," by Dr. L. Sexton, New Orleans. Received and referred to Publication Committee.

"Unique Case of Appendicitis," with appendix 10 inches long, by Dr. E. L. McGeehee, New Orleans.

Discussion of Drs. Sexton's and McGeehee's papers by Drs. Cook, Rogers, Krauss, Smythe, Cain.

On motion, Association adjourned until 8 o'clock.

NIGHT SESSION.

Association called to order at 8 o'clock.

First order of business reading of papers.

Dr. Wm. Krauss, of Memphis, read an interesting paper on "Practical Hematology." Paper received with thanks of the

Association and referred to Publication Committee. Discussed by Dr. Galtman.

"X Rays, Their Application to Medicine and Surgery. With Practical Demonstration of Same," by M. Galtman, Memphis, assisted by R. B. McKinney, Memphis.

A recess of 30 minutes was given for the delegates and ladies and gentlemen present, to have a view of the rays.

Moved and seconded that the paper of Dr. L. Sexton be read by title and referred to Publication Committee.

"A Case of Punctured Wound of the Skull. With Importance of Operative Interference in Injuries of this Nature," by Dr. E. M. Holder, of Memphis. Discussed by Drs. Smythe, Sexton, Daniels, Rogers, Galtman, Quin. Discussion closed by Dr. Holder.

After the closing of the night session Dr. Galtman took a picture of Dr. E. T. H. Leonard by the X Rays which revealed the presence of a hypodermic needle. Dr. Krauss kindly offered to make, free of charge, any examination of specimens of the typhoid germ. Moved and carried that the thanks of the Association be extended Dr. Krauss for his generous proposition.

"Some Remarks Upon the Cause, Symptoms, Preventive, Medical and Surgical Treatment of Renal Calculus. With Report of a Case," by F. D. Smythe, Memphis, was read by Dr. B. N. Ward, of Carthage.

Motion to adjourn prevailed.

THIRD DAY—MORNING SESSION.

FRIDAY MORNING, April 23, 1897.

Association called to order at 9 o'clock, J. W. Gilbert presiding.

First paper was read by J. H. Rhodes, Jackson, on "Scrotal Hernia." Discussed by Drs. Jones and Rogers.

"LaGrippe," by H. A. Minor, Macon. Moved and received that paper be referred to Publication Committee. Discussed by Drs. Culley, Rowland, Jones, Cain, Rhodes, Perkins. Discussion closed by Dr. Minor.

On motion, the Nominating Committee made the following report:

Officers—President, W. M. Paine; First Vice-President, J. A. Crisler; Second Vice-President, R. E. Jones; Recording Secre-

tary, J. R. Tackett; Assistant Secretary, C. H. Trotter; Treasurer, J. F. Hunter; Corresponding Secretary, D. S. Humphreys.

Committee on Prize Essays—H. A. Gant, J. M. Buchanan, Chesley Daniel, J. D. Smythe.

Committee on Necrology—N. L. Clark, J. W. Young, P. R. Brown, C. E. Catchings, Wesley Price.

Committee on Invitations—J. R. Tackett, C. H. Trotter, D. S. Humphreys, J. W. Gilbert, Nolan Stuart.

Delegates to Montreal—W. M. Paine, J. A. Crisler, R. E. Jones.

Nominating Committee—J. E. Davis, K. P. Perkins, J. N. D. Shinkle, P. W. Rowland, W. H. Anderson, H. H. Haralson, B. L. Cully.

Diseases of Rectum—J. A. Shackelford, Chairman.

Hygiene—J. W. Gilbert, Chairman.

Surgery—M. J. Lowery, Chairman.

Obstetrics—E. C. Coleman, Chairman.

Gynæcology—J. T. B. Berry, Chairman.

General Medicine—H. A. Minor, Chairman.

Diseases of Children—I. H. C. Cook, Chairman.

Ophthalmology—W. S. Sins, Chairman.

Bacteriology—W. W. Hamilton, Chairman.

Materia Medica—J. N. D. Shinkle, Chairman.

Nervous Diseases—J. M. Buchanan, Chairman.

Executive Committee—H. A. Minor, W. S. Weissinger, S. R. Dunn, J. M. Smith, W. H. Barr, Buford Larkin, N. L. Clarke.

Publication Committee—J. R. Tackett, C. M. Murray, W. G. Kiger, P. W. Rowland, E. C. Coleman, O. B. Quinn, J. H. Rhodes.

The next paper was read by Dr. J. D. Smythe, of Greenville, on "Hip Joint Disease." On motion paper was received and referred to Publication Committee.

A paper on "Abscess of Lung," was read by Dr. Buford Larkin, Oakvale, Miss., which was also referred to Publication Committee. Paper discussed by Drs. Culley, Rogers.

Dr. I. H. C. Cook read a very interesting paper on "Summer Diarrhœa of Children." Discussed by Dr. Minor.

Dr. M. J. Lowry, Meridian, paper "Hydrobromate of Hyosine as a Therapeutic Agent, Especially in Strychnine Poisoning," read by title and referred to Publication Committee.

Dr. Rhodes offered the following resolutions:

Resolved I. That at all future meetings of the Association

all papers shall be read as they appear on program and when a paper is passed, it can only be read by title unless voted upon by Association.

Resolved 2. That all papers by honorary members of Association be read during night session of second day.

Resolved 3. Moved that the Assistant Secretary be requested to communicate at once with delinquent members and ask them to remit amount due Association; that he be requested to give more attention to Section 3, Article 8, of Constitution and By-Laws.

Resolved 4. That a vote of thanks be tendered the hotels and railroads for courtesies extended the Association.

"A Case of Obstetrics," paper by B. L. Culley, Jackson, read and referred to Publication Committee.

Dr. J. D. Smythe offered the following resolution, which was carried:

To Change By Laws—Be it resolved, by this Association, That the word "respectable," in Section 1, Article 3, be stricken out, and the words "recognized regular" be inserted in its stead. Resolution tabled and to be brought up at next meeting.

"Ovariectomy," paper by J. T. B. Berry, Brandon. Received with thanks and referred to Publication Committee.

Moved that all further papers be read by title and referred to Publication Committee.

"Symptomatic Locomotor Ataxia," by B. L. Culley, read by title and referred to Publication Committee.

A committee of three was appointed by the President to wait on the Governor and ask that he recommend that a State veterinary surgeon be appointed, and that he meet with State Board of Health. Committee—P. W. Rowland, H. H. Haralson and J. W. Gilbert.

Dr. J. D. Smythe offered the following resolution, which was carried:

Resolved, That this Association request his excellency, Gov. A. J. McLaurin, recommend to the coming special session of the State Legislature that the April meeting of the State Board of Health be changed from the first Tuesday in April to the Tuesday before the third Wednesday in the same month.

On motion Association adjourned to meet in Jackson, Miss., third Wednesday in April, 1898.

J. W. GILBERT, President.

J. R. TACKETT, Secretary.

IN MEMORIAM.

B. A. VAUGHAN, M. D.

W. N. AMES, M. D.

T. T. BEALL, M. D.

A. P. CHAMPLIN, M. D.

R. L. DUNN, M. D.

D. M. DIGGS, M. D.

J. M. HICKS, M. D.

WM. McSWINE, M. D.

F. B. NIMOCKS, M. D.

C. A. RICE, M. D.

R. G. WHARTON, M. D.

CONSTITUTION AND BY-LAWS
— OF THE —
MISSISSIPPI STATE MEDICAL ASSOCIATION.
AS ADOPTED 1893.

ARTICLE I.—NAME.

This Association shall be known and designated as the MISSISSIPPI STATE MEDICAL ASSOCIATION.

ARTICLE II.—OBJECT.

The objects and purposes of this Association shall be the advancement of knowledge upon all subjects connected with the healing art, the elevation of character and the protection of the proper rights and interests of those engaged in the practice of medicine, and the study of the means calculated to render the medical profession most useful to the public and subservient to the great interests of humanity.

ARTICLE III.—MEMBERSHIP.

SECTION 1. To entitle a person to membership in this Association, he must be a graduate of a respectable medical school, a licentiate of some approved medical institution and a resident of the State of Mississippi, and a licentiate to practice medicine under the laws thereof, and of good moral and professional reputation.

SEC. 2. Any non-resident, graduate of a respectable medical school, may become a member of this Association in the same way as resident members, but shall not be allowed to vote upon any question pertaining to the State statutory privileges of the Association.

SEC. 3. Any resident member of this Association moving out of this State, shall by such act become a non-resident member.

SEC. 4. Any physician who shall procure a patent for a remedy, or instrument of surgery, or who shall enter into a collusive

agreement with an apothecary to receive pecuniary compensation or patronage for sending his prescriptions to said apothecary, or who prescribes a remedy without knowing its composition, or who shall hereafter give a certificate in favor of a patent remedy or instrument, shall be disqualified from becoming or remaining a member.

SEC. 5. Every candidate for membership shall be proposed in writing by three members of the Association; and all propositions for membership shall be referred for final action to the officers of the Association.

SEC. 6. Every candidate elect for membership before being admitted must sign a declaration to abide by the Constitution and By-Laws and Code of Ethics of the Association, and pay an admission fee of three dollars, and first year's dues of two dollars.

SEC. 7. Admission Cards may be issued by the officers of the Association with the obligation for the candidate's signature in the center and blank marginal spaces on the left and right margins for the signatures of the three members who recommend, and three officers who admit the applicant to membership.

SEC. 8. Every member shall receive a certificate of membership, signed by the officers of the Association, in the words following:

This is to certify that A. B. was admitted a member of the Mississippi State Medical Association on the.....day of A. D., 189..... C. D., President.

Attest:

R. S., Recording Secretary.

[SEAL.]	E. F.,	} Vice-Presidents.
	G. H.,	
	I. K.,	} Executive Committee.
	L. M.,	
	N. O.,	
ETC.,		

SEC. 9. This Association may elect honorary members by a vote of three-fourths of the members present, who shall receive the same form of certificate as other members, with the addition of the word "honorary" before the word member. Honorary members shall not be required to pay annual dues, and shall have the privileges usually accorded to the membership.

SEC. 10. All resignations of membership shall be made in writing and accompanied with a certificate from the Assistant

Secretary, that all dues to the Association have been satisfied, but no member shall be permitted to resign while charges are pending against him.

SEC. 11. If any member shall violate the laws or regulations of this Association, upon a charge against him being presented by the Executive Committee, it shall be their duty to notify the accused member of the same, and if, after a due investigation, they consider the charge to be sustained, they shall report the case with their decision to the Association as soon as practicable, notifying the accused member of the time when the report is to be made. If the accused member shall fail to come forward and exculpate himself, he shall be reprimanded or expelled by a vote of two thirds of the members present, but no vote for the reprimand or expulsion of a member shall be taken, except at a regular meeting, at which not less than twenty-four members are present, and of which meeting due notice has been given.

ARTICLE IV.—OFFICERS.

SECTION 1. The officers of this Association shall be a President, two Vice-Presidents, a Recording Secretary, an Assistant Secretary, a Corresponding Secretary, a Treasurer and an Executive Committee of seven, who shall serve until their successors are elected.

SEC. 2. The officers of the Association shall be elected as hereinafter indicated: The Presidents and Vice-Presidents for a term of one year each, the members of the Executive Committee for a term of two years each, and the Secretaries and Treasurer for a term of three years.

SEC. 3. The officers of the Association, acting as a committee of the whole, shall constitute a Committee on Credentials, to whom, all propositions of membership shall be referred for final action and shall, during the sessions of the Association, act as a steering committee, to govern and direct its scientific deliberations, with full powers to remove from before the Association, by a point of order, any discussion that may be deemed subversive of its true objects and purposes.

SEC. 4. The President shall preside at all meetings of the Association, preserve order and regulate the debates and other business according to parliamentary usage; prepare and deliver, at the opening of the annual meeting, an address upon some subject connected with the interest of the Association, and pre-

form all other duties that may be required of him. He shall not be eligible for two successive terms.

SEC. 5. It shall be the duty of the Vice-Presidents, according to seniority, to perform all the duties appertaining to the Chair, in the absence of the President; but if none of them be present, the Association shall elect a member to act as President pro tem.

SEC. 6. *Duties of Recording Secretary*—It shall be the duty of the Recording Secretary to give due notice of all meetings of the Association, and to keep a correct list of all its members. He shall keep accurate minutes of the proceedings of the Association, including the names of the members in attendance; such papers of the Association as are not necessarily recorded, he shall preserve in distinct and regular files, holding them always accessible to the inspection of the members, and he shall deliver his books and papers to his successor when he retires from office, and he shall be ex-officio a member of the Committee on Publication.

SEC. 7. *Duties of Assistant Secretary*—It shall be the duty of the Assistant Secretary to receive from members their admission or initiation fee, and annual contributions, and pay the same over to the Treasurer, and he shall assist the Recording Secretary in the performance of any duty that may be assigned to him; he shall be a member ex-officio of the Committee of Arrangements.

SEC. 8. *Duties of Corresponding Secretary*—The Corresponding Secretary shall conduct all the correspondence of the Association with individuals and societies, except such as relates to its pecuniary affairs. He shall read to the Association all communications and answers which he may have received or written during the preceding recess, and then deliver them to the Recording Secretary, and he shall have the necessary expense of the same defrayed from the funds of the Association.

SEC. 9. *Duties of Treasurer*—The Treasurer shall receive all moneys belonging to the Association and disburse the same as directed, by warrant signed by the President of the Association and countersigned by the Recording Secretary, and he shall be ex-officio a member of the Committee on Publication.

SEC. 10. *Executive Committee*—The Executive Committee shall fix the annual dues and membership fees subject to the approval of the Association, act with the other officers as a Committee on Credentials, audit all accounts, harmonize all differences amongst the members of the Association, and impartially

investigate and report any infringement of the laws of the Association.

ARTICLE V—STANDING COMMITTEES.

SECTION 1. The standing committees of the Association shall be: On Publication, Arrangements, Necrology, Contributions, Special Sections, Public Health and Prize Essays.

SEC. 2. The Committee on Publication shall consist of the Recording Secretary and Treasurer and three other members of the Association, to be appointed as hereinafter indicated, whose duty it shall be to attend to the publication of the proceedings, and such essays and reports as the Association may direct.

SEC. 3. The committee on Necrology shall consist of five members of the Association from different parts of the State, to be appointed as hereinafter indicated, whose duties it shall be to collect and report brief biographical notices of deceased members and preserve the statistics and other memorial records of the Association.

SEC. 4. The Committee of Arrangements shall consist of the President, Recording Secretary and three other members whose duty it shall be to provide for the meetings of the Association at least one month before the annual meeting.

SEC. 5. The Committee on Contributions shall consist of the three Secretaries, and two other members of the Association, whose duties it shall be to receive and consider all scientific papers for the purpose of reporting such as may be found worthy of publication, subject to the decision of the Association, and shall divide the scientific work of the Association into such sections as compose the various branches of medicine and surgery, for the purpose of having a chairman of each section appointed by the nominating committee.

SEC. 6. Each chairman of the section to which he is appointed shall, as soon as practicable after his appointment, associate with him three members as a committee of his section whose duty it shall be to present papers, reports, and progress in section, during the term of the chairman's appointment.

SEC. 7. The Committee on Public Health shall consist of one member from each Congressional District, whose duties it shall be to use their best endeavors to secure such legislation as may be needed or desired by the Association, making annual reports of its action, with such suggestions and recommendations as may appear necessary and proper to accomplish the objects and

purposes of the Association; and to organize district medical associations, with county sub-divisions, in each of their respective districts.

SEC. 8. The Committee on Prize Essays shall consist of four members of the Association, who shall designate one of its members as chairman, to which all competitive essays must be forwarded at least four months in advance of the meeting of the Association. The committee may, if it be thought desirable, select and publicly announce a subject for competitive investigation and report. A prize of one hundred and fifty dollars shall be annually awarded to the essay or report which, in the judgment of the majority of the committee, may be thought worthy of the prize, and which, to entitle it to the award, must be found on experimental or chemical observation, and present ample evidence of being an original and substantial contribution to medical knowledge. None but members of the Association, in good standing, will be permitted to compete for the prize, which must be awarded by the committee only at a regular meeting of the Association. The essay shall be the property of the Association, and such as may be deemed worthy of publication shall be referred to the Committee on Contributions. Each essay must be accompanied by a motto, and by a sealed letter containing the motto, with the author's name subscribed. These sealed letters must remain unopened until the decision of the committee has been reached in regard to awarding the prize. When the committee selects and announces the subject for competitive essays, at least one session must intervene between the announcement of the subject and awarding the prize, so that competitors may have not less than twelve months for the preparation of their essays or reports. Prize essays shall be published in the Transactions without being referred to the Committee on Contributions.

ARTICLE VI.—NOMINATING COMMITTEE AND NOMINATIONS.

SECTION 1. The nominating features of the Association shall rest in the hands of a Nominating Committee, consisting of one member from each Congressional District, to be selected by the attendant resident physicians of each of said Districts (provided, if there be in attendance but one resident member of a District, he shall be constituted a member of this Committee), and reported to the President at the afternoon session of the first day-

of the regular annual meeting, and before entering upon the discharge of their duties, shall be obligated by the President in the presence of their fellow-members to be governed in their actions by the best interests of the Association.

SEC. 2. The nominating Committee shall recommend the Officers, Chairmen of Sections, Members of the State Board of Health, as provided by law, Standing Committees and Delegates of the Association, and report the same for adoption at the morning session of the last day of the regular annual meeting.

SEC. 3. In case the list, or any part of the list, of nominees presented by the Nominating Committee be not adopted by the Association, the Nominating Committee shall present new nominees for such offices as may remain unfilled, and shall continue so to do until all the Officers of the Association, Members of the Committees, Delegates, etc., are chosen.

SEC. 4. The Nominating Committee shall be discharged when all the Officers of the Association, Members of the Committees, Delegates, etc., have been chosen by the Association.

SEC. 5. In the selection of Delegates to the American Medical Association, or any State Association or Society, the several portions of the State shall be equitably represented as far as practicable by the Nominating Committee.

ARTICLE VII—MEETINGS.

SECTION 1. The regular meeting of this Association shall be held annually at such time and place as the Association may, from time to time, determine, and shall continue in session from day to day until all its business be transacted.

SEC. 2. A quorum for the transaction of any business of the Association shall consist of not less than twenty members of the Association.

SEC. 3. Special meetings may be ordered by the President whenever requested, in writing, by twenty members of the Association.

ARTICLE VIII.

SECTION 1. The admission fee for membership in this Association shall be three dollars.

SEC. 2. An assessment of not more than two dollars of each member shall be made annually.

SEC. 3. Any person who shall fail to pay his annual dues for two successive years shall be reported to the Association as de-

linquent by the Assistant Secretary, and in case payment be not made by the next regular annual meeting thereafter, he shall forfeit his right to membership, and his name be dropped from the roll of members.

ARTICLE IX—LOCAL MEDICAL ASSOCIATIONS.

SECTION 1. Local Medical Associations may be organized in each town, city, county and district in the State under the auspices of the State Association, by adopting the same form of Constitution, By-Laws and the same Code of Ethics, and its members can be incorporated into the State Association by the payment of an admission fee of one dollar.

SEC. 2. Members of Local Associations, in all cases of complaint or division, shall have the right of appeal to this Association and its decision shall be conclusive.

ARTICLE X—CODE OF ETHICS.

This Association adopts, as a part of its regulations binding upon all its members, the Code of Ethics adopted by the American Medical Association.

ARTICLE XI—ORDER OF BUSINESS.

1. Calling the Roll.
2. Registering New Members and Receiving Delegates.
3. President's Address.
4. Selection of Nominating Committee at afternoon session of first day.
5. Reports of Officers and Executive Committee.
6. Reports of Standing Committees.
7. Unfinished Miscellaneous Business.
8. New Business.
9. Report of Nominating Committee at morning session of last day.
10. Reading Minutes.
11. Installation of Officers Elect.
12. Adjournment.

ARTICLE XII—AMENDMENTS.

The Constitution and By-Laws of the Association may be altered, amended or suspended at any time by a two-thirds vote of those present and voting; *provided*, that no amendment shall be adopted at the same meeting at which it is proposed, and that

a legal quorum of the Association shall be participants in its proceedings.

HONORARY MEMBERS

— OF THE —

MISSISSIPPI STATE MEDICAL ASSOCIATION.

<i>Name.</i>	<i>Residence.</i>	<i>State.</i>
William Ailes, M. D.	Steen's Creek	Mississippi.
J. H. Blanks, Sr., M. D.	Meridian	Mississippi.
Hon. F. G. Barry	West Point	Mississippi.
H. D. Bruns, M. D.	New Orleans	Louisiana.
Hon. T. C. Catchings	Vicksburg	Mississippi.
T. J. Crofford, M. D.	Memphis	Tennessee.
A. Morgan Cartledge, M. D.	Louisville	Kentucky.
J. C. Denson, M. D.	Ludlow	Mississippi.
Isadore Dyer, M. D.	New Orleans	Louisiana.
W. A. Evans, Jr., M. D.	Chicago	Illinois.
Hon. Frank Johnston	Jackson	Mississippi.
Prof. C. W. Kelley, M. D.	Louisville	Kentucky.
Dr. Karl Von Ruck	Ashville	North Carolina.
Hon. J. C. Longstreet	Grenada	Mississippi.
Ex-Gov. Robert Lowry	Jackson	Mississippi.
Robert C. Myles, M. D.	New York	New York.
J. S. McCain, M. D.	Lexington	Mississippi.
James L. Minor, M. D.	Memphis	Tennessee.
W. D. Powell, M. D.	Torrance	Mississippi.
W. B. Rogers, M. D.	Memphis	Tennessee.
L. Sexton, M. D.	New Orleans	Louisiana.
E. P. Sale, M. D.	Memphis	Tennessee.
A. G. Sinclair, M. D.	Memphis	Tennessee.
Gen. J. H. Sharp	Crawford	Mississippi.
Hon. L. M. Southworth	Carrollton	Mississippi.
H. E. Stafford, M. D.	New York	New York.

ROLL OF MEMBERS

—OF THE—

MISSISSIPPI STATE MEDICAL ASSOCIATION.

N. B.—The Secretary requests members to examine this list closely, and notify him of any corrections to be made, as it is desirable to make it as accurate as possible.

EXPLANATION.—P., President; V.-P., Vice-President; R. S., Recording Secretary; C. S., Corresponding Secretary; A. S., Assistant Secretary; T., Treasurer; O., Orator; *, Non-Resident Members.

<i>Admitted.</i>	<i>Name.</i>	<i>Residence.</i>	<i>County.</i>
1882	W. H. Anderson	Pickens	Holmes.
1888	J. A. Alexander	Bolton	Hinds.
1886	M. J. Alexander	Austin	Tunica.
1892	L. Anderson	Port Gibson	Claiborne.
1873	W. G. Allen	Glenn Allen	Washington.
1893	W. G. Austin	Cayuga	Hinds.
1897	E. F. Arnold	Bellefontaine	Webster.
1889	Peyton R. Brown	Eupora	Webster.
1889	William Ball	Greenville	Washington.
1891	C. W. Bufkin	Hattiesburg	Perry.
1891	W. T. Bolton	Biloxi	Harrison.
1891	W. C. Brooke	Greenville	Washington.
1891	Means Blewett	State Line	Green.
1891	T. A. Barber	Meridian	Lauderdale.
1891	M. E. Britt	Como	Panola.
1892	P. O. Beekman	Natchez	Adams.
1892	J. E. Banks	Blountville	Lawrence.
1892	J. C. Ballard	Natchez	Adams.
1892	J. H. Blanks, Jr	Laurel	Jones.
1893	O. L. Bailey	Ocean Springs	Jackson.
1892	J. P. Berry	Jackson	Hinds.
1875	John Brownrigg	Columbus	Lowndes.
1896	T. T. Bonner	Tupelo	Lee.
1896	E. F. Brown	Natchez	Adams.
1887	J. L. Baskin	Itta Bena	Leflore.
1873	J. W. Bennett	Brookhaven	Lincoln.
1894	S. L. Brister	Greenwood	Leflore.
1894	A. H. Bays	Eupora	Webster.
	T. J. Birchett	Vicksburg	Warren.

1895	J. A. K. Birchett	Vicksburg	Warren.
1874	O. C. Brothers	West Point	Clay.
1884	H. P. Brisbane	Vicksburg	Warren.
1879	W. H. Barr	Agricult'l Colleg'	Oktibbeha.
1882	G. P. Blundell	Yazoo City	Yazoo.
1882	J. M. Buchanan	Meridian	Lauderdale.
1885	J. C. Brooks	Bolivar	Bolivar.
1885	F. A. Brizell	Arcola	Washington.
1886	A. J. Borroum	Corinth	Alcorn.
1883	J. B. Bailey	Conehatta	Newton.
1883	J. T. B. Berry	Brandon	Rankin.
1886	J. M. Barrier*	Delhi	Louisiana.
1888	H. D. Butler	Wilzinski	Washington.
1886	T. E. Butler	Ballinger	Texas.
1888	E. R. Bragg	Ocean Springs	Jackson.
1890	J. D. Barfield	Stenewall Sta	Clarke.
1890	J. P. Bailey	Bailey	Lauderdale.
1890	E. S. Beadles	Water Valley	Yalobusha.
1897	W. R. Brumfield	Huron	Amite.
1897	E. J. Burnett	Rocky Springs	Claiborne.
1897	B. J. Barnett	Shrock	Attala.
1897	R. C. Brooks	Forest	Scott.
1893	Drury B. Crawley	Kings	Rankin.
1893	E. C. Coleman	Kosciusko	Attala.
1893	C. B. Clarke	Kosciusko	Attala.
1890	J. A. Crisler	Canton.	Madison.
1890	C. P. Conerly	Ruth	Lincoln.
1890	N. G. Carter	Ripley	Tippah.
1884	N. L. Clarke, A. S.; V. P.	Meridian	Lauderdale.
1877	Matt Clay	Vicksburg	Warren.
1881	J. T. Chandler, V. P.	Oxford	Lafayette.
1886	G. M. D. Chester	Free Run	Yazoo.
1886	B. L. Culley, C. S.	Jackson	Hinds.
1888	B. D. Cooper	Jackson	Hinds.
1896	C. M. Coker	Mansdale	Madison.
1889	Henry Christmas	Tchula	Holmes.
1889	J. M. Catchings	Georgetown	Copiah.
1889	P. M. Catchings	Georgetown	Copiah.
1889	S. K. Coleman	Canton	Madison.
1891	L. M. Clarke	Pelahatchie	Rankin.

1891 J. G. Cherry.....	Lumberton.....	Pearl River.
1891 H. L. Crook.....	Pelahatchie.....	Rankin.
1891 I. H. C. Cook.....	Hattiesburg.....	Perry.
1892 E. F. Crowther.....	Vicksburg.....	Warren.
1894 C. E. Catchings.....	Woodville.....	Wilkinson.
1897 W. B. Dickins.....	Greenwood.....	Lefflore.
1872 Chesley Daniel.....	Holly Springs.....	Marshall.
1883 B. F. Duke, c. s.....	Moss Point.....	Jackson.
1887 G. T. Darden.....	Blanton.....	Sharkey.
1879 B. A. Duncan.....	Columbus.....	Lowndes.
1880 S. R. Dunn, v. p.....	Greenville.....	Washington.
1884 J. W. Dulaney.....	Rosedale.....	Bolivar.
1889 S. T. Dunning.....	Canton.....	Madison.
1888 J. D. Dabney*.....	Birmingham.....	Alabama.
1893 J. M. Dampeer.....	Crystal Springs.....	Copiah.
1891 J. L. Dodge.....	Bolivar.....	Bolivar.
1891 S. R. Deans.....	Abbott.....	Clay.
1891 John E. Davis.....	Columbus.....	Lowndes.
1892 F. L. Dobson.....	Meridian.....	Lauderdale..
1895 John Darrington.....	Eden.....	Yazoo.
1897 Louis D. Dickerson.....	McComb City.....	Pike.
1877 C. C. Ewing.....	Aberdeen.....	Monroe.
1883 J. W. Elliott.....	Lake City.....	Yazoo.
1888 L. C. Elliott.....	Hilton.....	Yazoo.
1897 E. M. Ellis.....	Torrance.....	Yalobusha..
1889 J. D. Egger.....	Caledonia.....	Lowndes.
1894 T. F. Elkin.....	Nettleton.....	Lee.
1894 W. D. Eastland.....	Vicksburg.....	Warren.
1897 A. L. Emerson.....	Endora.....	Desoto.
1897 G. E. Ellis.....	Utica.....	Hinds.
1897 J. W. Eckford.....	Starkville.....	Oktibbeha..
1897 H. M. Folkes.....	Jackson.....	Hinds.
J. S. Featherstone.....	Macon.....	Noxubee.
1877 T. W. Fullilove.....	Vaiden.....	Carroll.
1880 T. B. Ford.....	Columbia.....	Marion.
1882 F. L. Fulgham.....	Jackson.....	Hinds.
1888 T. W. Foster.....	Zeiglerville.....	Yazoo.
1888 Frank Ferrell.....	Ashland.....	Benton.
1897 Lee Thomas Fox.....	Water Valley.....	Yallobusha..

1878	Harris A. Gant.....	Water Valley.....	Yallobusha.
1888	W. P. Gatlin.....	McComb City.....	Pike.
1872	S. C. Gholson.....	Holly Springs.....	Marshall.
1877	W. F. Gresham.....	Durant.....	Holmes.
1877	T. H. Gordon.....	Oakland.....	Grenada.
1878	N. L. Guice, P.....	Meridian.....	Lauderdale.
1878	F. H. Gulledge.....	Goodman.....	Madison.
1888	H. S. Gully.....	Meridian.....	Lauderdale.
1879	J. M. Greene, V.-P.; P.....	Aberdeen.....	Monroe.
1882	D. M. Gardner.....	Oxford.....	Lafayette.
1879	J. B. Gresham, V.-P.; P.....	West Point.....	Clay.
1891	D. W. Goodman*.....	Mobile, Ala.....	
1891	J. W. Gilbert, V.-P.; P.....	Corinth.....	Alcorn.
1891	Walton S. Greene.....	Aberdeen.....	Monroe.
1891	J. C. Gathings.....	Prairie Station.....	Monroe.
1895	J. W. Gray.....	Clarksdale.....	Coahoma.
1897	J. D. Gilleylen.....	Dover.....	Yazoo.
1884	A. C. Halbert.....	Columbus.....	Lowndes.
1873	C. R. Henderson.....	Deasonville.....	Yazoo.
1887	C. M. Henderson.....	Sardis.....	Panola.
1887	J. J. Haralson.....	Forest.....	Scott.
	George W. Howard.....	Vicksburg.....	Warren.
1875	J. C. Hall.....	Anguilla.....	Sharkey.
1893	F. O. Horne.....	Union.....	Newton.
1893	J. J. Hardin.....	Brooksville.....	Noxubee.
1897	Robt. E. Higdon.....	Fort Adams.....	Wilkinson.
1897	J. V. Hamilton.....	Bowling Green.....	Holmes.
1875	Wm. Preston Hughes.....	Port Gibson.....	Claiborne.
1876	Geo. K. Harrington.....	Jackson.....	Hinds.
1884	H. H. Haralson, R. S.; P.....	Biloxi.....	Harrison.
1883	O. A. Harrison.....	Meridian.....	Lauderdale.
1883	W. W. Hamilton.....	Brooksville.....	Noxubee.
1880	R. E. Howard, V.-P.....	Durant.....	Holmes.
1880	C. S. Hudson.....	Yazoo City.....	Yazoo.
1880	T. R. Henderson, V.-P.....	Greenwood.....	Leflore.
1885	T. A. Heath.....	Shiloh Landing.....	Issaquena.
1896	E. C. Hunt.....	Vicksburg.....	Warren.
1882	J. F. Hunter.....	Jackson.....	Hinds.
1885	G. S. Hunter, A. S.....	Bolton.....	Hinds.
1889	W. W. Hall.....	Estabutchie.....	Jones.

1889	W. R. Harper	Rolling Fork	Sharkey.
1889	D. S. Humphreys, c. s.	Greenwood	Lefflore.
1891	A. J. Hall	Natchez	Adams.
1891	R. M. Hand	Shubuta	Clarke.
1891	S. B. Henton	Decatur	Newton.
1892	F. L. Hope	Tunica	Tunica.
1894	A. M. Harrelson	Daniel	Smith.
1894	J. H. Harrison	Tillatoba	Yallobusha.
1894	Geo. A. Hendon*	Louisville, Ky.	
1894	H. H. Harrison	Cynthia	Hinds.
1894	T. B. Harrison	Paynes	Tallahatchie.
1897	M. W. Hamilton	Goodman	Holmes.
1897	W. L. Howard	West	Holmes.
1869	Thomas D. Isom	Oxford	Lafayette.
1884	T. G. Ivy	West Point	Clay.
1891	B. W. Inman	Woodville	Wilkinson.
1876	Henry Izard	Meridian	Lauderdale.
1897	C. A. Johnson	Banner	Calhoun.
1876	R. B. Johnson	Kirkwood	Madison.
	Charles H. Jones	Greenville	Washington.
1879	C. W. Jordan	West Point	Clay.
1880	R. E. Jones	Crystal Springs	Copiah.
1881	W. T. Johnson	Black Hawk	Carroll.
1882	J. W. Jordan	Lexington	Holmes.
1889	E. P. Jones	Hermanville	Claiborne.
1889	L. H. Jones	Phoenix	Yazoo.
1889	L. C. Jones	Madison Station	Madison.
1891	W. W. Johnson*	Melvin	Choctaw, Ala.
1893	Frank A. Jones*	Memphis, Tenn.	
1892	I. J. Jones*	Austin, Texas.	
1894	J. R. Jiggits	Canton	Madison.
1894	W. E. Jinkins	Scobey	Yallobusha.
1896	W. A. Johns	Corinth	Alcorn.
1883	R. S. Knox	Stonewall Stat'n	Clark.
1873	Carroll Kendrick	Kendrick	Alcorn.
1887	A. C. Kuyendall	Grenada	Grenada.
1880	W. G. Kiger, P.	Brunswick	Warren.
1883	J. G. Knox	Toomsaba	Lauderdale.
1891	A. L. Kline	Enterprise	Clarke.

1894	W. R. Kell	Scranton	Jackson.
1877	T. P. Lockwood	Crystal Springs	Copiah.
1880	John H. Lucas	Greenwood	Leflore.
1883	W. C. Lawrence	Crawford	Lowndes.
1883	M. J. Lowry, v.-P.	Meridian	Lauderdale.
1886	J. H. Love	Newport	Attala.
1886	George W. Luster	Cayuga	Hinds.
1889	Buford Larkins	Columbia	Marion.
1892	L. H. Lamkin	Natchez	Adams.
1894	W. L. Little	Wesson	Copiah.
1894	Alceid Leigh	Perthshire	Bolivar.
1896	G. S. Limerick	Vicksburg	Warren.
1897	S. A. Majure	Dixon	Neshoba.
1890	M. V. B. Miller	Meridian	Lauderdale.
1890	C. M. Murry	Ripley	Tippah.
1890	S. A. Morris*	Jacksonville, Florida.	
1890	H. C. McLaurin	Brandywine	Claiborne.
1874	W. H. Miller	Okolona	Chickasaw.
1874	J. H. Murfee*	Anniston	Alabama.
1874	D. McCallum, v.-P.	Westville	Simpson.
1873	Thomas H. Mays	Columbus	Lowndes.
1873	L. M. Mays	Graysport	Grenada.
1873	P. J. McCormick	Yazoo City	Yazoo.
1875	T. J. Mitchell	Jackson	Hinds.
1869	J. P. Moore, v.-P.	Yazoo City	Yazoo.
1889	T. H. Marselis	Nunnery	Amite.
1889	George H. McNeil	Newton	Newton.
1889	A. G. McLauria	Brandon	Rankin.
1883	J. F. Moore	Estabutchie	Jones.
1895	J. B. McElroy	Stovall	Coahoma.
1895	L. A. Murdock	Woodville	Wilkinson.
1884	H. A. Minor	Macon	Noxubee.
1896	J. S. Montgomery	Starkville	Oktibbeha.
1896	J. W. Miller	Shannon	Lee.
1880	E. L. McGehee P	Neworleans	Louisiana.
1882	Aurelius Martir	Hardy	Grenada.
1880	Dan M. McGehee	Shell Mound	Leflore.
1880	D. D. Montgomery	Greenville	Washington.
1881	J. Y. Murry, P.	Ripley	Tippah.
1884	James L. Murrell	Benoit	Bolivar.

1884	W. H. McFarland	Vaiden	Carroll.
1881	J. L. McLean	Winona	Montgomery.
1887	A. McCallum	Edwards	Hinds.
1887	A. K. McNair	Fayette	Jefferson.
1886	G. M. Mott*	Mitchell	Louisiana.
1893	F. K. Mitchell	Sallis	Aitah.
1893	N. J. Milstead	Tillatobia	Yalobusha.
1886	A. L. Morris	Lena	Leake.
1886	J. H. Maddox	Perthshire	Bolivar.
1886	R. D. Miller	Clinton	Hinds.
1887	Anthony Miller	Panther Burn	Sharkey.
1891	J. W. Molpus	Roy	Clarke.
1891	F. McCormick	Vosburg	Jasper.
1891	W. J. McNair	Quitman.	Clarke.
1891	T. L. Myers	Meridian.	Lauderdale.
1891	W. O. McNeil	Encutta	Wayne.
1892	W. A. McPheters	Natchez	Adams.
1892	Charles D. Mitchell	Pontotoc	Pontotoc.
1894	S. H. McLean	Jackson	Hinds.
1895	John A. McDonald	Durant.	Holmes.
1873	R. Anderson New	Rodney	Jefferson.
1888	E. A. Neely*	Memphis.	Tenn.
1889	N. Y. Nelson	Myles	Copiah.
1878	J. E. Noble	Fannin.	Rankin.
1895	V. M. Neal	Hillsboro	Scott.
1890	J. L. Owen	Mound Landing	Bolivar.
1874	J. F. O'Leary	Shreveport.	Louisiana.
1875	T. J. Orendorff	Rolling Fork	Sharkey.
1882	C. E. Oatis	Hazlehurst.	Copiah.
1896	W. D. Potter	Senatobia	Tate.
1890	A. B. Pitts	Hazlehurst.	Copiah.
1890	K. P. Perkins	Batesville	Panola.
1890	J. H. Plunkett	Flora	Madison.
1890	W. O. Porter	Rolling Fork.	Sharkey.
1883	W. M. Paine Jr.	Aberdeen	Monroe.
1888	Joseph B. Perkins	Choctaw Agency.	Oktibbeha.
1884	J. R. Prince	Gholson	Noxubee.
1889	Issac P. Partin	Meridian	Lauderdale.
1889	E. B. Pool	Clinton	Hinds.
1880	Geo. C. Phillips	Lexington	Holmes.

1887	G. L. Pope	Stoneville	Washington.
1881	C. S. Priestly	Canton	Madison.
1880	J. B. Pease	Concordia	Bolivar.
1891	W. W. Payne	Meridian	Lauderdale.
1891	R. E. Patrick	Lynwood	Rankin.
1894	Thos. R. Petway	Chotard	Issaquena.
1893	F. D. Priddy	Goodmam	Holmes.
1895	J. H. Purnell	Vicksburg	Warren.
1895	J. Wesley Price	Booneville	Prentiss.
1896	W. E. Peek	Morton	Scott.
1897	F. M. Phillips.	Acona	Holmes.
1880	O. B. Quin	McComb City	Pike.
1883	P. W. Rowland, P	Oxford	Lafayette.
1887	S. D. Robertson	Dover	Yazoo.
	W. D. Redus	Port Gibson	Claiborne.
1889	S. M. Rainey	Osborne	Oktibbeha.
1893	W. W. Robertson	McComb City	Pike.
1893	J. L. Robertson	Gallman	Copiah.
1892	J. A. Rowan	Wesson.	Copiah.
1886	J. H. Rhodes	Jackson	Hinds.
1888	J. C. Roberts	Centerville	Wilkinson.
1880	R. W. Rowland	Flora	Madison.
1880	S. D. Robbins	Vicksburg	Warren.
1886	E. A. Rowan	Wesson	Copiah.
1886	L. S. Rogers	West.	Holmes.
1894	J. N. Rape	Tchula.	Holmes.
1892	H. N. Street	Gloster	Amite.
1896	A. N. Steele	Columbus	Lowndes.
1890	B. A. Shepherd	Lexington	Holmes.
	H. Shannon, V.-P	Ocean Springs	Jackson.
1889	R. G. Southall, Jr.	Arcola	Washington.
1889	Z. J. Scott	Adam's Station.	Hinds.
1889	S. O. Smith	Ellisville.	Jones.
1878	J. Mell Smith.	Coffeeville	Yalobusha.
1873	John W. Spellman	Columbus	Lowndes.
1887	S. D. G. Scruggs	Grenada.	Grenada.
1887	A. B. Smith	Hatton	Yalobusha.
1887	Nolan Stewart	Jackson	Hinds.
1875	A. P. Sims	Morton	Scott.
1873	Newton C. Steele*	Chattanooga	Tenn.

1873	H. L. Sutherland	Bolivar P. O.	Bolivar.
1872	W. G. Sykes, P.	Aberdeen	Monroe.
1897	J. M. Shelby	Camben	Madison.
1877	A. J. Sanderson	Vaiden	Carroll.
1881	W. B. Sanford*	Memphis	Tenn.
1881	O. J. Sherman*	Harrison.	Talahatchie.
1891	J. M. Shamburger	Toomsaba	Lauderdale.
1891	W. J. Stevenson	Lauderdale	Lauderdale.
1895	W. C. Spencer	Verona	Lee.
1895	S. D. Stennis	Meridian	Lauderdale.
1891	J. D. Smythe	Greenville	Washington.
1881	E. F. Shuler	Sallis.	Attala.
1881	J. A. Shackelford	Greenville	Washington.
1881	G. A. Spivey*	Texas.	
1883	C. C. Stockard	Atlanta.	Georgia.
1885	O. W. Stone	Greenville.	Washington.
1885	John Seay	Glenora	Washington.
1886	O. H. Spence	Utica	Hinds.
1886	W. S. Sims	Jackson	Hinds.
1892	Frank D. Smythe, C. S.	Kosciusko	Attala.
1892	W. H. Scudder	Mayersville	Issaquena.
1894	R. D. Sessions	Natchez.	Adams.
1894	Z. J. Scott, Jr.	Adams Station	Hinds.
1896	J. N. D. Shinkel.	Friars Point	Coahoma.
1877	T. R. Trotter	Winona	Montgomery.
1877	G. W. Trimble, O.; P.	Grenada	Grenada.
1878	J. E. Tolbert*	Memphis, Tenn.	
1878	W. E. Todd, R. S.; V-P.	Jackson	Hinds.
1883	M. J. Thompson	Meridian	Lauderdale.
1887	J. F. Taylor	Anguilla	Sharkey.
1887	Geo. A. Teunisson	Monticello	Lawrence.
1883	B. F. Travis*	Chattanooga, Tenn.	
1886	J. C. Terrell	Leland	Washington.
1889	E. S. Turner	Ashland	Benton.
1891	R. L. Turner	Ellisville	Jones.
1891	J. R. Tackett, A. S.; R. S.	Biloxi	Harrison.
1892	John F. Therrel	Woodville	Wilkinson.
1894	C. H. Trotter, A. S.	Bogue Chitto	Lincoln.
1895	J. H. Temple	Hesterville	Attala.
1895	O. M. Turner	Jackson	Hinds.
1897	John Tackett	Richland	Holmes.

1877 G. W. Vassar.....	Carrollton	Carroll.
1889 J. D. Walker.....	Steen's Creek.....	Rankin.
1881 N. E. Whitehead.....	Greenwood.....	Leflore.
1877 T. L. Wilburn.....	Kilmichael.....	Montgomery.
1877 S. L. Wynne.....	Looxahoma	Tate.
1876 Lea Williamson.....	Como.....	Panola.
1877 B. F. Ward, O.; P.....	Winona.....	Montgomery.
1882 A. A. Wheat	Harrison	Tallahatchie.
1886 C. Weathersby.....	Clarksdale	Coahoma.
1887 T. W. Wright.....	Pickens.....	Holmes.
1887 J. D. Weeks	Ackerman.....	Choctaw.
1891 J. H. Watson.....	Thornton	Holmes.
1891 F. L. Walton	Shubuta	Clarke.
1891 W. H. Whittle*.....	Tyler, Texas.	
1892 Polk Watkins.....	Hattiesburg.....	Perry.
1892 S. Winchester.....	Greenville.....	Washington.
1892 B. D. Watkins.....	Natchez.....	Adams.
1892 J. M. Wells.....	Cleveland	Bolivar.
1895 W. T. Wilkins.....	Lewisburg	DeSoto.
1895 D. J. Williams.....	Ellisville.....	Jones.
1892 J. S. Winters.....	Rodney.....	Jefferson.
1892 E. K. White.....	Steen's Creek.....	Rankin.
1896 R. P. Wendel.....	Aberdeen.....	Monroe.
1894 Joseph Waldauer.....	Vicksburg.....	Warren.
1894 A. J. Weissinger.....	Hernando.....	DeSoto.
1894 W. S. Weissinger.....	Hernando.....	DeSoto.
1886 Edwin Wright.....	Sardis	Panola.
1897 T. M. Wiley.....	Bowling Green.....	Holmes.
1897 S. M. Watson.....	Pleasant Hill.....	DeSoto.
1897 B. N. Ward.....	Carthage	Leake.
1887 J. W. Young.....	Grenada	Grenada.

List of Resident Members by Districts and Counties.

FIRST DISTRICT.

Alcorn County—A. J. Borroum, Carroll Kendrick, W. A. Johns, J. W. Gilbert.

Itawamba County—

Lee County—T. F. Elkin, T. T. Bonner, J. W. Miller, W. C. Spence.

Lowndes County—John Brownrigg, J. D. Egger, A. C. Halbert, W. C. Lawrence, Thomas H. Mays, John W. Spellman, B. A. Duncan, John E. Davis, R. P. Wendel, A. N. Steele.

Monroe County—W. J. Sykes, W. M. Paine, C. C. Ewing, J. M. Greene, Walton S. Greene, J. C. Gathings.

Oktibbeha County—W. H. Barr, J. B. Perkins, S. M. Rainey, J. L. Montgomery, J. W. Eckford.

Prentiss County—J. Wesley Price.

Tishomingo County—

SECOND DISTRICT.

Benton County—Frank Ferrell, E. S. Turner.

DeSoto County—A. J. Weissinger, W. T. Wilkins, W. S. Weissinger, A. L. Emerson, S. M. Watson.

Lafayette County—D. M. Gardner, Thomas D. Isom, J. T. Chandler, P. W. Rowland.

Marshall County—C. S. Gholson, Chesley Daniel.

Panola County—M. Britt, C. M. Henderson, K. P. Perkins, Lee Williamson, Edwin Wright.

Tate County—S. L. Wynne, W. D. Potter.

Tallahatchie County—A. A. Wheat, T. B. Harrison.

Tippah County—N. G. Carter, J. Y. Murry, C. M. Murry.

Union County—

THIRD DISTRICT.

Bolivar County—J. C. Brooks, J. L. Dodge, James L. Murrell, J. H. Maddox, J. L. Owen, H. L. Sutherland, J. M. Wells, J. W. Dulaney, Alceid Leigh.

Coahoma County—J. B. Pease, C. Weathersby, J. W. Gray, J. B. McElroy, J. N. D. Shinkel.

Issaquena County—T. A. Heath, W. H. Scudder, T. R. Petway.

Leflore County—J. L. Baskin, T. R. Henderson, John H. Lucas, Dan M. McGehee, N. E. Whitehead, S. L. Brister, W. B. Dickins, D. S. Humphreys.

Quitman County—

Sharkey County—J. C. Hall, W. R. Harper, T. T. Orendoff, J. F. Taylor G. T. Darden, W. O. Porter, Anthony Miller.

Sunflower County—

Tunica County—M. J. Alexander, F. B. Forbes, F. L. Hope.

Warren County—H. P. Brisbane, Matt Clay, E. F. Crowther, E. C. Hunt, W. G. Kiger, S. D. Robbins, T. G. Birchett, George W. Howard, W. D. Eastland, J. A. K. Birchett, J. H. Purnell, G. S. Limerick, Joseph Waldauer.

Washington County—W. G. Allen, Wm. Ball, F. A. Brizzell, H. D. Butler, S. R. Dunn, Charles H. Jones, D. D. Montgomery, G. L. Pope, R. G. Southall, J. D. Smythe, J. A. Shackelford, O. W. Stone, John Sea, J. C. Terrell, S. Winchester, W. C. Brooke.

FOURTH DISTRICT.

Calhoun County—C. A. Johnson.

Carroll County—T. W. Fullilove, W. T. Johnson, W. H. McFarland, A. J. Sanderson, G. W. Vasser.

Chickasaw County—W. H. Miller.

Choctaw County—J. D. Weeks.

Clay County—O. C. Brothers, S. R. Deans, J. B. Gresham, T. G. Ivy, C. W. Jordan.

Grenada County—T. H. Gordon, A. C. Kuykendall, L. M. Mays, Aurelius Martin, S. D. G. Scruggs, G. W. Trimble, J. W. Young.

Kemper County—

Montgomery County—T. R. Trotter, T. L. Wilburn, B. F. Ward, J. L. McLean, J. P. Hamer, Peyton R. Brown.

Noxubee County—J. S. Featherston, J. J. Hardin, W. W. Hamilton, H. A. Minor, J. R. Prince.

Pontotoc County—Charles D. Mitchell.

Webster County—A. H. Bays, E. F. Arnold.

Winston County—

Yallobusha County—E. S. Beadles, H. A. Gant, N. J. Milstead, J. Mell Smith, A. B. Smith, W. E. Jenkins, J. H. Harrison, E. M. Ellis, L. T. Fox.

FIFTH DISTRICT.

Attala County—E. C. Coleman, C. B. Clarke, J. H. Love, F. K. Mitchell, E. F. Shuler, J. H. Temple, B. J. Barnett.

Clarke County—R. M. Hand, A. L. Kline, W. J. McNair, J. W. Molpus, J. D. Barfield, F. L. Walton.

Holmes County—W. H. Anderson, John Jackett, T. M. Wiley, Henry Christmas, S. H. Howard, R. E. Howard, J. M. Hicks, J. W. Jordan, George C. Phillips, F. D. Pridy, L. S. Rogers, B. A. Shepherd, T. W. Wright, J. H. Watson, W. F. Gresham, N. C. Gulletge, J. N. Rape, John A. McDonald, J. V. Hamilton, M. W. Hamilton, F. M. Phillips, W. L. Howard.

Jasper County—F. McCormick.

Lauderdale County—T. A. Barber, J. M. Buchanan, J. P. Bailey, N. L. Clarke, H. S. Gulley, O. A. Harrison, Henry Izard, J. G. Knox, M. J. Lowry, M. V. B. Miller, T. L. Myers, Isaac P. Partin, W. W. Payne, J. M. Shamberger, W. J. Stevenson, M. J. Thompson, N. L. Guice, S. D. Stennis, F. L. Dobson.

Leake County—A. L. Morris, B. N. Ward.

Neshoba County—S. A. Majure.

Newton County—J. B. Bailey, F. O. Horne, S. B. Hinton, George H. McNeill.

Scott County—A. P. Sims, V. M. Neal, W. E. Peek, R. C. Brooks, J. J. Haralson.

Smith County—A. M. Harrelson.

Wayne County—W. O. McNeill.

Yazoo County—G. P. Blundell, G. M. D. Chester, J. W. Elliott, L. C. Elliott, T. W. Foster, C. R. Henderson, C. S. Hudson, L. H. Jones, P. J. McCormick, J. P. Moore, C. D. Robertson, John Darrington, J. D. Gilleylen.

SIXTH DISTRICT.

Adams County—P. Beckman, J. C. Ballard, A. J. Hall, L. H. Lamkin, W. A. McPheter, B. D. Watkins, R. D. Sessions, E. F. Brown.

Amite County—T. H. Marselis, H. M. Street, W. R. Brumfield.

Covington County—

Greene County—Means Blewett.

Hancock County—

Harrison County—W. T. Bolton, J. R. Tackett, H. H. Haralson.

Jackson County—E. R. Bragg, W. R. Kell, H. Shannon, B. F. Duke, O. L. Bailey.

Jones County—J. F. Moore, S. O. Smith, R. L. Turner, W. W. Hall, D. J. Williams, J. H. Blanks, jr.

Lawrence County—J. E. Banks, Geo. A. Tennisson.

Marion County—T. B. Ford, Buford Larkin.

Pearl River County—J. G. Cherry.

Perry County—I. H. C. Cook, Polk Watkins, C. W. Bufkin.

Pike County—W. P. Gatlin, O. B. Quin, W. W. Robertson,
Louis D. Dickerson.

Wilkinson County—B. W. Inman, J. C. Roberts, John F.
Therrell, C. E. Catchings, L. A. Murdock, R. E. Higdon.

SEVENTH DISTRICT.

Claiborne County—L. Anderson, William Preston Hughes, E.
P. Jones, H. C. McLaurin, W. D. Redus, E. J. Burnett.

Copiah County—J. M. Catchings, P. M. Catchings, J. M.
Dampeier, R. E. Jones, T. P. Lockwood, N. Y. Nelson, C. E.
Oatis, A. B. Pitts, J. A. Rowan, E. A. Rowan, W. L. Little, J.
L. Robertson.

Franklin County—

Hinds County—J. A. Alexander, W. G. Austin, J. P. Berry,
B. L. Culley, B. D. Cooper, F. L. Fulgham, George K. Harrington,
J. F. Hunter, G. S. Hunter, George W. Luster, T. J.
Mitchell, A. McCallum, M. D. Morgan, R. D. Miller, E. B. Poole,
J. H. Rhodes, Nolan Stewart, O. H. Spence, W. E. Todd, G. E.
Ellis, W. S. Sims, H. M. Folkes, Z. J. Scott, H. H. Harrison, S.
H. McLean, Z. J. Scott, jr., O. M. Turner.

Jefferson County—A. K. McNair, R. Anderson New, J. S.
Winters.

Lincoln County—J. W. Bennett, C. P. Conerly, C. H. Trotter.

Madison County—R. W. Rowland, J. M. Shelby, J. H. Plunkett,
C. S. Priestly, R. B. Johnson, L. C. Jones, J. A. Crisler, S.
K. Coleman, J. R. Jiggits, C. M. Coker, S. T. Dunning, F. H.
Gulledge.

Rankin County—J. T. B. Berry, Drury B. Crawley, L. M.
Clarke, H. L. Crook, J. E. Noble, R. E. Patrick, J. D. Walker,
E. K. White, A. G. McLaurin.

Simpson County—D. McCallum.

OFFICIAL REGISTER

FROM DATE OF ORGANIZATION.

1856.

W. Y. Gadberry.....	President
M. S. Craft.....	Recording Secretary

1856 to 1869.

(No meetings held.)

1869.

E. T. Henry.....	President
Thomas D. Isom.....	First Vice-President
E. G. Banks.....	Second Vice-President
S. V. D. Hill.....	Third Vice-President
W. M. Compton.....	Fourth Vice-President
Ed. Lea.....	Recording Secretary
M. S. Craft.....	Corresponding Secretary
P. T. Bailey.....	Treasurer

1870.

S. V. D. Hill.....	President
A. B. Cabiniss.....	First Vice-President
D. B. Nailer.....	Second Vice-President
C. B. Galloway.....	Third Vice-President
B. F. Kittrell.....	Fourth Vice-President
J. D. McConnell.....	Recording Secretary
J. R. Barnett.....	Corresponding Secretary
W. Y. Gadberry.....	Treasurer

1871.

W. M. Compton.....	President
J. W. M. Shattuck.....	Recording Secretary

1872.

C. B. Galloway.....	President
D. W. Booth.....	First Vice-President
W. M. Lea.....	Second Vice-President

J. D. Burche.....	Third Vice-President
L. Shackelford.....	Fourth Vice-President
J. W. M. Shattuck.....	Recording Secretary
P. F. Whitehead.....	Corresponding Secretary
W. G. Sykes.....	Treasurer
A. A. Lyon.....	Orator

1873.

J. M. Taylor.....	President
M. S. Craft.....	First Vice-President
B. A. Vaughan.....	Second Vice-President
P. F. Whitehead.....	Third Vice-President
J. W. Bennett.....	Fourth Vice-President
J. W. M. Shattuck.....	Recording Secretary
W. A. Galloway.....	Corresponding Secretary
J. R. Hicks.....	Orator
Wirt Johnston.....	Alternate Orator
W. F. Hyer.....	Treasurer

1874.

P. F. Whitehead.....	President
P. J. McCormick.....	First Vice-President
D. W. Booth.....	Second Vice-President
S. L. Paine.....	Third Vice-President
T. H. Mayo.....	Fourth Vice-President
R. Anderson New.....	Recording Secretary
B. A. Vaughan.....	Corresponding Secretary
J. A. Campbell.....	Treasurer
W. L. Lipscomb.....	Orator
J. H. Murfee.....	Alternate Orator

1875.

M. S. Craft.....	President
R. Anderson New.....	Recording Secretary

1876.

P. J. McCormick.....	President
R. G. Wharton.....	First Vice-President
A. G. Smythe.....	Second Vice-President
W. W. Hall.....	Third Vice-President

G. C. McCallum.....	Fourth Vice-President
Wirt Johnston.....	Recording Secretary
C. A. Rice.....	Corresponding Secretary
Robert Kells.....	Treasurer
B. F. Kittrell.....	Orator
M. S. Craft.....	Alternate Orator

1877.

B. A. Vaughan.....	President
E. W. Hughes.....	First Vice-President
T. R. Trotter.....	Second Vice-President
T. P. Lockwood.....	Third Vice-President
J. T. Parker.....	Fourth Vice-President
Wirt Johnston.....	Recording Secretary
C. A. Rice.....	Corresponding Secretary
Robert Kells.....	Treasurer
D. W. Booth.....	Orator
J. E. Halbert.....	Alternate Orator

1878.

B. F. Kittrell.....	President
R. G. Wharton.....	First Vice-President
H. Hanslow.....	Second Vice-President
G. W. Vasser.....	Third Vice-President
E. P. Sale.....	Fourth Vice-President
Wirt Johnston.....	Recording Secretary
M. S. Craft.....	Corresponding Secretary
Robt. Kells.....	Treasurer
E. G. Banks.....	Orator
John Brownrigg.....	Alternate Orator

1879.

E. P. Sale.....	President
W. F. Hyer.....	First Vice-President
W. C. Jarnagin.....	Second Vice-President
William Powell.....	Third Vice-President
J. S. Cain.....	Fourth Vice-President
Wirt Johnston.....	Recording Secretary
M. S. Craft.....	Corresponding Secretary
G. K. Harrington.....	Treasurer

B. F. Ward	Orator
W. H. Baird	Alternate Orator

1880.

W. F. Hyer	President
D. L. Phares	First Vice-President
H. Shannon	Second Vice-President
R. S. Toombs	Third Vice-President
W. D. Carter	Fourth Vice-President
Wirt Johnston	Recording Secretary
M. S. Craft	Corresponding Secretary
G. K. Harrington	Treasurer
S. D. Robbins	Orator
S. R. Dunn	Alternate Orator

1881.

B. F. Ward	President
J. P. Moore	First Vice-President
T. W. Fullilove	Second Vice-President
John Tackett	Third Vice-President
W. W. Hart	Fourth Vice-President
Wirt Johnston	Recording Secretary
M. S. Craft	Corresponding Secretary
G. K. Harrington	Treasurer
F. E. Daniel	Orator
T. R. Henderson	Alternate Orator

1882.

Wirt Johnston	President
J. M. Greene	First Vice-President
J. E. Halbert	Second Vice-President
J. T. Chandler	Third Vice-President
E. L. McGehee	Fourth Vice-President
T. W. Fullilove	Recording Secretary
M. S. Craft	Corresponding Secretary
Robert Kells	Treasurer
G. W. Trimble	Orator
W. B. Sanford	Alternate Orator

1883.

J. M. Greene	President
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S. N. Walker.....	First Vice-President
D. McCallum.....	Second Vice-President
W. E. Todd.....	Recording Secretary
J. F. Hunter.....	Assistant Secretary
M. S. Craft.....	Corresponding Secretary
Robert Kells.....	Treasurer

1884.

D. L. Phares.....	President
J. B. Gresham.....	First Vice-President
W. A. Taylor.....	Second Vice-President
W. E. Todd.....	Recording Secretary
N. L. Clarke.....	Assistant Secretary
M. S. Craft.....	Corresponding Secretary
J. F. Hunter.....	Treasurer

1885.

J. B. Gresham.....	President
J. B. Pease.....	First Vice-President
S. R. Dunn.....	Second Vice-President
W. E. Todd.....	Recording Secretary
G. K. Harrington.....	Assistant Secretary
M. S. Craft.....	Corresponding Secretary
J. F. Hunter.....	Treasurer

1886.

R. S. Toombs.....	President
W. B. Sauford.....	First Vice-President
G. W. Trimble.....	Second Vice-President
W. E. Todd.....	Recording Secretary
P. W. Rowland.....	Assistant Secretary
M. S. Craft.....	Corresponding Secretary
J. F. Hunter.....	Treasurer

1887.

N. L. Guice.....	President
L. Sexton.....	First Vice-President
M. J. Thompson.....	Second Vice-President
W. E. Todd.....	Recording Secretary
W. M. Paine.....	Assistant Secretary

M. S. Craft.....	Corresponding Secretary
J. F. Hunter.....	Treasurer

1888.

Luther Sexton.....	President
R. E. Howard.....	First Vice-President
F. E. Shuler.....	Second Vice-President
W. E. Todd.....	Recording Secretary
Geo. S. Hunter.....	Assistant Secretary
W. A. Galloway.....	Corresponding Secretary
J. F. Hunter.....	Treasurer

1889.

J. E. Halbert.....	President
W. A. Evans, jr.....	First Vice-President
W. H. White.....	Second Vice-President
W. E. Todd.....	Recording Secretary
B. D. Cooper.....	Assistant Secretary
J. M. Buchanan.....	Corresponding Secretary
J. F. Hunter.....	Treasurer

1890.

G. W. Trimble.....	President
J. Y. Murry.....	First Vice-President
P. W. Rowland.....	Second Vice-President
W. E. Todd.....	Recording Secretary
B. L. Cully.....	Assistant Secretary
S. K. Coleman.....	Corresponding Secretary
J. F. Hunter.....	Treasurer

1891.

J. Y. Murry.....	President
W. E. Todd.....	First Vice-President
N. L. Clarke.....	Second Vice-President
H. H. Haralson.....	Recording Secretary
G. S. Hunter.....	Assistant Secretary
B. F. Duke.....	Corresponding Secretary
J. F. Hunter.....	Treasurer

1892.

W. G. Kiger.....	President
J. D. Smythe.....	First Vice-President

A. J. Hall	Second Vice-President
H. H. Haralson	Recording Secretary
W. R. Harper	Assistant Secretary
P. W. Rowland	Corresponding Secretary
J. F. Hunter	Treasurer

1893.

E. L. McGehee	President
Henry Izard	First Vice-President
P. W. Rowland	Second Vice-President
H. H. Haralson	Recording Secretary
W. R. Harper	Assistant Secretary
F. D. Smythe	Corresponding Secretary
J. F. Hunter	Treasurer

1894.

W. P. Rowland	President
T. R. Henderson	First Vice-President
J. W. Gilbert	Second Vice-President
H. H. Haralson	Recording Secretary
J. R. Tackett	Assistant Secretary
B. L. Cully	Corresponding Secretary
J. F. Hunter	Treasurer

1895.

H. H. Haralson	President
M. J. Lowry	First Vice-President
R. E. Howard	Second Vice-President
J. R. Tackett	Recording Secretary
C. H. Trotter	Assistant Secretary
D. S. Humphries	Corresponding Secretary
J. F. Hunter	Treasurer

1896.

J. W. Gilbert	President
W. M. Paine	First Vice-President
B. F. Duke	Second Vice-President
J. R. Tackett	Recording Secretary
C. H. Trotter	Assistant Secretary
D. S. Humphreys	Corresponding Secretary
J. F. Hunter	Treasurer

1897.

W. M. Paine.....	President
J. A. Crisler.....	First Vice-President
R. E. Jones.....	Second Vice-President
J. R. Tackett.....	Recording Secretary
C. H. Trotter.....	Assistant Secretary
D. S. Humphreys	Corresponding Secretary
J. F. Hunter	Treasurer

DECEASED MEMBERS.

<i>Name.</i>	<i>Postoffice.</i>
Ames, W. N	Starkville
Ainsworth, W. L	Hazlehurst
Armistead, W. H	Vaiden
Alford, J. T	Rockport
Beall, T. T	Vicksburg
Balfour, Wm. T	Vicksburg
Baley, P. T	Jackson
Bragg, Wm. D	Moss Point
Booth, D. W	Vicksburg
Baugh, A. S	Polkville
*Barksdale, E	Jackson
Champlin, A. P	Biloxi
Carson, R. B	Durant
Craft, M. S	Jackson
Cabiniss, A. B	Jackson
Curtiss, A. J	Meridian
Coffman, John R	
Capers, L. G	Vicksburg
Cage, A. H	Canton
Compton, W. M	Holly Springs
Cloud, J. L	Water Valley
Cannon, A. L	Indianola
Dancy, F. W	Holly Springs
Dunn, R. L	Yazoo City
Dulaney, W. J	Jackson
Davis, M. G	Greenwood
Dozier, A. M	Richburg
Diggs, D. M	Black Hawk
Edward, R. T	Vicksburg
Elkin, T. B	Aberdeen
Ellis, J. W	Canton
Ellis, A. J	Sardis

*Honorary members.

Fox, E	Forest
Fant, J. C	Macon
Finley, W. P	Fannin
Fitzgerald, P. F	Grenada
Farrish, J. M	Sartaria
Galloway, W. A	Jackson
Gibson, Fontaine L	Pelahatchie
Gadberry, L. L	Yazoo City
Gulledge, N. C	Durant
Galloway, C. B	Canton
Greenlee, W. R	Harrison
Gulledge, R. W	Durant
*Gadberry, W. Y	Yazoo City
Hicks, J. M	Goodman
Hill, S. V. D	Macon
Hart, W. W	Lodi
Hoover, C	McComb City
Hutchings, R. E	Greenville
Herring, W. E	Terry
Harrington, J. T	Jackson
Hughes, E. W	Grenada
Hall, W. W	Grenada
Hicks, J. R	Vicksburg
Halbert, J. E	Mound Landing
Harrell, J. D	DeSoto
Hamer, J. P	Kilmichael
*Holder, A. B	Memphis
Jones, J. O	Beulah
Johnson, H. W	Clinton
Kendall, W. T	Meridian
Kells, Robert	Jackson
Kent, W. S	Sharon
Kid, H. B	Yazoo City
Kinchloe, D. A	Sardis
Kinchloe, D. A	Batesville
Lockwood, B. M	
Lee, L. C	Graysport

*Honorary Members.

Lee, T. J.....	Philadelphia
Lea, W. M.....	Holly Springs
Lloyd, W. B.....	Myles
Love, John T.....	Aberdeen
Long, John.....	Coffadelliah
Meed, J. A.....	Pearlington
McWillie, James.....	Jackson
Mitchell, C. J.....	Vicksburg
McCallum, G. C.....	Lake
McKie, N. W.....	Sharon
Monette, W. E.....	Warren County
McLaurin, Hugh C.....	Brandon
Maxwell, P. J.....	Columbus
McMartin, W. D.....	Black Hawk
Mabry, L. W.....	Goodman
Myles, William.....	Port Gibson
McSwyne, William.....	Grenada
Neal, Thomas L.....	Ben Lomond
Nesmith, W. J.....	Vicksburg
Newman, J. O.....	Vicksburg
Nimocks, F. B.....	Lawrence
Powell, William.....	Grenada
Phillips, T. A.....	Canton
Phares, D. L.....	Madison Station
Pate, B. J.....	Sidon
Quin, D. H.....	McComb City
Redwood, George C.....	Meridian
Richardson, L.....	Bolivar Landing
Ringold, R. S.....	Grenada
Rice, C. A.....	Biloxi
Staples, J. D.....	Huntsville
Smith, Sid B.....	Grenada
Smith, James M.....	Eggs Point
Sanders, J. O.....	Carrollton
Sutton, D.....	Lexington
Stackhouse, H. C.....	Utica
Shackleford, Lee.....	Meridian
Sykes, L. M.....	Muldon
Sims, J. C.....	Fores

Smythe, A. G.....	Baldwyn
Shivers, J. M.....	Sidon
Smith, Robert.....	Kosciusko
*Smith, A. H.....	Meridian
Thomas, A. S.....	Buena Vista
Tackett, John.....	Richland
Turner, M. H.....	Brownsville
Turner, D. B.....	Winona
Vaughan, B. A.....	Columbus
White, L.....	Utica
Whitehead, P. F.....	Vicksburg
Williams, W. B.....	Edwards
Woodruff, Z. T.....	Vicksburg
White, W. H.....	Brandon
Walker, J. L.....	Phoenix, Arizona
Wharton, R. G.....	Port Gibson

*Honorary Members.

Correspondence.

BILOXI, MISS., March 1, 1898.

To the Members of the Mississippi State Medical Association:

The next annual meeting of our State Medical Association convenes in Jackson, on the 20th, 21st and 22d of April, 1898.

This meeting promises to be one of the most interesting and useful in the history of the Association. Questions of vital importance, concerning health and quarantines, will be discussed.

It is time that the chairmen of the various sections begin to organize and work up interest in their respective departments.

I will ask that the chairmen of the various branches send the title of all papers, coming up under their sections, to the secretary in ample time to have them appear on the annual program, which will be sent out on or before the 10th of April.

The Committee of Arrangements is required, by the Constitution and By-Laws, to meet one month before the convening of the Association, at which time special arrangements will be made with hotels and railroads for reduced rates.

It is also expected of the Committee of Arrangements to appoint two leaders for the discussion of each subject on the program. This should be done at the meeting of the Committee in order to give the appointees full time to prepare for the discussions in which they are expected to participate.

Members of the Association desiring to contribute volunteer papers can send the title of same either to the chairman of the section under which it comes or to the secretary.

It behooves each member of this Association, personally, to work in the interest and to the advancement of the Association. If any desirable non-members of the Association are known, that member acquainted with such should use his influence to induce said party or parties to be present at this meeting and connect themselves with the Association, and thereby become interested in organized medicine. Fraternally,

J. R. TACKETT, M. D., Secretary.

Editorial.

H. H. HARALSON, M. D., - - - - - BILOXI, MISSISSIPPI.

Editor and Proprietor.

SUBSCRIPTION: ONE DOLLAR PER ANNUM.

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MISSISSIPPI STATE MEDICAL ASSOCIATION.

OFFICERS 1897-'98.

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 First Vice-President—J. A. CRISLER, M. D.....Canton.
 Second Vice-President—R. E. JONES, M. D.....Crystal Springs.
 Recording Secretary—J. R. TACKETT, M. D.....Biloxi.
 Assistant Secretary—C. H. TROTTER, M. D.....Bogue Chitto.
 Treasurer—J. F. HUNTER, M. D.....Jackson.
 Corresponding Secretary—D. S. HUMPHREYS, M. D.....Greenwood.

SEC. 7. Admission Cards may be issued by the officers of the Association with the obligation for the candidate's signature in the center and blank marginal spaces on the left and right margins for the signatures of the three members who recommend, and the three officers who admit the applicant to membership.

The above section was adopted in order to admit persons eligible to membership during vacation. Either of the above named officers will furnish, on application, the necessary card.

This issue closes the first volume of the Record. It has had some degree of success. As it grows in years I hope it will grow in wisdom and strength and usefulness. I desire to thank those who have contributed to its success.

Whether the Association continues its publication or not the Record will go on. It now has a nice list of subscribers and, considering its age, a fair list of advertisers.

I wish it were possible to enroll, as subscribers, the name of every physician in the State.

It has been sent regularly to every member of the Association during the past year. Hereafter it will not be sent regularly to those who have not remitted the subscription price. One thing is certain though and that is no bill will be sent to one who has not ordered the journal. To those who have not remitted I desire to

say that if they wish it continued I would be glad to have their order to that effect. To those whose terms have expired I would be glad to have a renewal. I promise to use my best efforts in the interest of the Record and to make it as useful in the profession of the State as possible.

THE MOBILE CONVENTION.

On the 9th of February there convened in the city of Mobile representatives of the South Atlantic and Gulf Coast States. This convention was composed of representative men of the South—lawyers, physicians, railroad men, merchants, etc. It lasted three days, and was by far the most important sanitary convention of recent years.

The convention was orderly and harmonious, and all questions presented were discussed on high planes by men eminent in their professions and callings.

The range of questions discussed was a wide and interesting one, embracing all subjects from the minutest details in sanitary and quarantine work to the great constitutional questions involved in international, national and State quarantine.

The convention was practically unanimous in the opinion that a Department of Public Health should be established by the federal government, and, but for one section in the Spooner bill, known as the bill of the American Medical Association, which in the opinion of some conferred too much power on the general government and took away from the States rights which constitutionally belong to them, this bill would have been endorsed and the Caffery bill condemned by a very large majority of the convention. Thirteen members, one from each State represented, composed the Committee on Resolutions, and by a vote of eleven to two it reported in favor of the passage of the bill of the American Medical Association creating a Department of Public Health and against the passage of the Caffery bill.

Had not the report of the committee been withdrawn to give place to resolutions offered as a substitute by Mr. Clark, with amendments proposed by Mr. Farrer, Dr. Elliott and Dr. Haralson, it would have passed by a vote of nine to one.

Following are the resolutions, with agreed amendments, as passed unanimously by the convention, and as a fair and deliberate expression of its views:

First—That Congress be requested to provide for a Department of Public Health as soon as practicable.

Second—That Congress should enact laws to provide for an efficient maritime quarantine, to be uniform and impartial in its application to the different commercial ports of the country so as to give no one or more of them undue advantage over the others, to be enforced by the several States and municipal quarantine or health boards, if they will undertake to do so, leaving also to the States the power to prescribe and enforce additional reasonable safeguards of the health of their communities, provided such State action shall not unreasonably obstruct commerce.

Third—That Congress should aid the several States in establishing and maintaining uniform, reasonable and efficient quarantine laws for effecting, but not regulating, interstate commerce, leaving to each State adequate power to protect, as it shall deem best, the lives and health of its people.

Fourth—That Congress should leave exclusively to the States the regulation of their purely internal commerce, and the provision of such quarantine and sanitary laws and regulations as they may deem advisable to that end.

Fifth—That, in the framing of quarantine laws and regulations, and in their enforcement, Congress should avail itself of the learning, experience and ability of the medical profession in the fullest measure possible, and especially by way of an advisory council.

The *New Orleans Picayune* is right when it says that the above resolutions mean neither more or less than Federal co-operation with the State authorities in all matters of quarantine and public sanitation; that in view of the action of the convention it must be held that the people represented by the Mobile convention were not and are not in favor of absolute National Control of quarantine, but only demand Federal assistance and co-operation, and even this to be through a Department of Public Health and not through the Marine Hospital Service.

If Congress does not establish a Department of Public Health in accordance with the above resolutions it will not give expression to the views of the people of the South nor, do I believe, of the United States. The time has come when national sanitary affairs should be taken from the hand of financiers and politicians, as now exists, and placed under the control of sanitarians. Nine tenths of the money spent by the general government during the last epidemic through the Marine Hospital Service was

spent for the sole purpose of popularizing that service and not in the interest of public health. The Caffery bill only places additional means in the hands of this service for the accomplishment of this end. This service is popular with commercial bodies and this popularity has been bought with the peoples money. Only a few days ago an appeal was sent from Washington to the commercial bodies of New Orleans stating that the question had narrowed itself to a fight between the medical profession of the country and commerce. In other words the Caffery bill with its support of the Marine Hospital Service representing commerce on the one side, and the physicians of the country representing the public health on the other side would fight the battle to a finish. The man who states that the Caffery bill as amended by Mr. Vest and with other proposed amendments by Mr. Money represents the views of the medical profession of Mississippi, does not know what he is talking about. The Mississippi State Medical Association, the only State organization now in Mississippi, has spoken on this question more than once and in favor of a Department of Public Health. It is the privilege of every physician in Mississippi who so desires to advocate the passage of the Caffery bill, but he has no right to claim that he represents the medical profession of this State in its advocacy. No such authority has been delegated to any man by the medical profession of Mississippi, and more, in my opinion it never will be.

In every instance where this question has been brought before medical and sanitary societies and associations, and sanitary conventions within the last few years, including the Mobile convention which was composed of, and represented every class, profession and calling, the voice of such has been in favor of a Department of Public Health.

The *Southern Practitioner*, a representative southern medical journal, in discussing this question says:

"Some years ago we advocated in the pages of this journal time and again the prime necessity of active and satisfactory measures being taken by the National Government to secure adequate protection from the invasion of preventable epidemic diseases, urging the need of a National Department of Public Health, properly organized and equipped as being fully justified by the experiences of the past. The matter, however, was relegated to the Marine Hospital Service, and we quietly rested on our oars, and have waited patiently to see just what we expect-

ed, viz: a failure in a very important and vital field, once! yes! twice and three times! With the culmination and decline of the last visitation, we thought the time oportune to again take up our former line of argument, sincerely hoping that our national law-makers would give this subject the consideration it demanded. The last epidemic and the two preceding ones were reasonably slight as compared with former visitations, but even they caused sufficient loss of life and property interests to have justified far more effective measures of precaution. It has been demonstrated that both cholera and yellow fever can be kept out of the United States — if so, somebody is certainly to blame. The Marine Hospital Service having proven ineffectual, our national law-makers must shoulder the responsibility if they do not provide something better.”

Truly the Marine Hospital service has failed in every important and vital field and has shown itself ineffectual in sanitary work. Time serving, office prostituting, service popularizing health officials are no longer needed in this country and that was the opinion of the Mobile convention.

The Marine Hospital service was established in the Treasury Department for the sole purpose of caring for sick sailors of the Merchant Marine. The functions of this service have unwisely been enlarged and it now demands oversight of the sanitary affairs of the Nation, a function entirely foreign to its organization.

The Treasury Department with its powerful influence will doubtless accomplish its purpose and succeed in having Congress to subordinate the health of the Nation to commercial interests. The medical profession is prepared for the opposition and will continue its struggle until the sanitary affairs of this country are placed in the hands of sanitarians.

Public Health.

Board of Health, State of Mississippi.

W. G. KIGER, M. D., President, Brunswick.

J. F. HUNTER, M. D., Secretary, Jackson.

H. A. GANT, M. D., Water Valley.

S. R. DUNN, M. D., Greenville.

B. F. DUKE, M. D., Moss Point

R. W. ROWLAND, M. D., Flora.

W. S. GREENE, M. D., Aberdeen.

H. S. GULLY, M. D., Meridian.

O. B. QUIN, M. D., McComb City.

C. H. MURRY, M. D., Ripley.

G. W. TRIMBLE, M. D., Grenada.

H. H. HARALSON, M. D., Biloxi.

The Legislative Committee sent to investigate the yellow fever epidemic and Gulf Quarantine Station at Ship Island decided that the fever was admitted to this State through New Orleans from Guatamala, a place where yellow fever did not exist.

It further decided, upon the testimony, largely, of those who pretend to believe that we did not have yellow fever in Mississippi in 1897, that Gulf Quarantine Station at Ship Island was not a menace to the health of the people of our State and should not be removed. This decision will not change the opinion of any intelligent sanitarian, and all such who are not mendicants of the Federal government say that it is a menace.

Strange it is that there should be three outbreaks of yellow fever—1882, 1886 and 1897—within twelve miles of this station, and at a time when it did not exist anywhere else in the country, and this station, and the service under which it is operated, be entirely irresponsible.

It is not too late yet to write the history of the investigation of this committee, nor indeed of another that followed closely in its track, which in its report quoted freely from the first. We sometimes hear of a wheel within a wheel. We know that,

“Some by silent testimony, and, by influence unheard,
Can do more for God or devil, than they can by war or word.”

Medical News and Miscellany.

FOR SALE IN MISSISSIPPI.—A two thousand dollar practice, seven room residence, all necessary outbuildings, a well of good water, 6 acres of land attached, in a growing railroad town with good church and school facilities. Address this office.

Every reputable physician in the State should be a member of the State Medical Association.

Section chairmen are now organizing their respective sections for the coming meeting in April next.

THE ONE OF MANY.—Among the testimonial letters received from physicians by the manufacturers of Imperial Granum, is one in which they take even more than usual pride, and from which we quote as follows: "I am sending you a photo. of my little two year old boy, who has been raised nearly altogether on Imperial Granum. He was very delicate, and we had a great deal of trouble with him owing to his weak digestion, and I feel that your Imperial Granum saved his life. He never tires of it, and it is the only one of the many prepared foods that seems to agree with him."

Samples of this justly celebrated dietetic preparation are sent to physicians on request.

If each active member of the Association will induce one physician to attend the meeting, April 20th, and join the Association, the meeting will be a rousing one.

SANMETTO A STANDARD REMEDY IN GENITO-URINARY DISEASES.—I have prescribed Sanmetto in a large number of cases of genito-urinary troubles during the last four years, and with uniformly good success. In prostatic troubles of old men, with difficult micturition, it acts like a charm. In cases of irritable bladder with incontinence of urine, I have never met with any remedy that acts so well. I prescribe it frequently, and shall continue to do so, as I look upon it as a standard remedy.

J. F. SUYDAM, M. D.,

Alma, Michigan.

DR. W. S. SIMS.—It is with pleasure that we note the appointment of Dr. W. S. Sims, of Meridian, to the superintendency of the Blind Institute at Jackson, and Governor McLaurin has, in making this appointment, voiced the sentiment of the medical profession of Mississippi. By his skill and ability as an oculist, Dr. Sims has established for himself a reputation that is not confined to his own section or State, and the people among whom he has lived for the past fifteen years, since beginning the practice of this specialty, will be loath to give him up. He has studied at different times in the leading institutions for the eye in the country and was for a long time a pupil of the late Dr. Agnew, of New York. We can but feel that Dr. Sims, in assuming charge of this institution, will be the right man in the right place, and we congratulate the people of Jackson on having in their midst a man so capable in this important specialty.

\$100 REWARD.—This Company will pay a reward of \$100 on being furnished evidence sufficient to prove the fact of an authorized dispenser of medicines filling a prescription with other than Phillips' preparation, when Phillips' is specified.

THE CHAS. H. PHILLIPS CAEMICAL Co.,

77 Pine Street, New York.

The East Mississippi Insane Asylum, at Meridian, is most fortunate indeed in having Dr. J. M. Buchanan again reappointed as its superintendent. Dr. Buchanan is a young man but he has taken high rank in the medical profession of this country, and has demonstrated his special adaptability for the work in which he is engaged.

SANMETTO IN INCONTINENCE OF URINE.—I used Sanmetto in a case of a lady forty years of age who could not retain her urine more than one hour for years. She had been under treatment before, without any remarkable result. I put her on teaspoonful doses of Sanmetto four times daily, and her improvement was very marked, and she is now practically cured. I desire to keep Sanmetto on hand, as there is nothing better to fill its place in such cases.

FRED A. GOEDECKE, M. D.,

Milwaukee, Wis.

Dr. I. H. C. Cook, formerly of Augusta, has recently removed to Hattiesburg.

In this issue is published a letter from Dr. J. R. Tackett, Secretary of State Medical Association, calling the attention of the profession to its thirty-first annual meeting in the city of Jackson, Wednesday, April 20th.

There will be a meeting of the State Board of Health, in Jackson, May 10th, for the purpose of examining applicants to practice medicine in this State.

GESTATION—ACCIDENTS PREVENTED.—The rule of many physicians is to administer Dioviurnia in teaspoonful doses, four times a day one week before the time for periods, during the last three months of gestation. Experience has convinced them that Dioviurnia not only prevents miscarriage, but also facilitates parturition. To obtain satisfactory results great care should be taken to avoid substitution by always indicating "Dios" and sending your prescriptions to such druggists as would not be guilty of this nefarious business.

Dr. T. J. Mitchell has been reappointed Superintendent of State Lunatic Asylum at Jackson. The Doctor has held this position for many years. No physician in this State is more admired by the profession than Dr. Mitchell, and all are rejoiced to learn of his reappointment.

The State Board of Health will meet in Jackson, April 19th. This meeting will be devoted to business, and a meeting will be held later for examining applicants to practice medicine.

A PERFECT CO-ADJUNCT.—Physicians should not forget that no matter what their preference may be as to the form in which milk should be used for their patients and the babies under their care, whether it is modified, sterilized, pasteurized, peptonized, treated by some other method, or natural, they can always depend on the perfect co-adjuvancy of that unrivalled dietetic preparation, Imperial Granum. Many years of successful clinical experience having proved this combination of nutrients to be acceptable to the palate and also to the most delicate stomach at all periods of life, being in many cases retained and assimilated when everything else is rejected, though in very extreme cases the Imperial Granum is often prepared with pure water only.

The Legislature at its recent session made some changes in the quarantine and health laws of this State. The law will be published in full in next issue of the Record.

Bernays' "Report of a Surgical Clinic," complimentary to the members of the Mississippi Valley Medical Association, contains the following in reference to his patient's condition and treatment before neurectomy for tic-douloureux was decided upon:

"Case V. The patient, aet. 50, white, female. Family history: Has one sister who suffered from emotional insanity; otherwise the family history is good. Previous health excellent. The present trouble began with a severe neuralgic toothache, localized in the right lower molars. Paroxysms of pain were of daily occurrence, and most severe in the mornings about breakfast time. The pain subsided temporarily whenever the teeth were pressed firmly together or upon any substance held between them, but only to return when the pressure was withdrawn. The presence of anything cold in the mouth immediately produced the most exquisite pain; moderate heat produced a soothing effect. After two months, the pain became continuous, and four molars were extracted without in anyway relieving it. On the contrary the pain increased in severity until October when it ceased entirely for a period of two weeks, and then returned as severely as before. Another tooth was sacrificed, but without relief; the pain became continuous until last June when it again subsided for a period of six weeks. A recurrence then took place together with an involvement of the parts supplied by the second branch of the fifth nerve. Pain has been constant until the operation. She had strenuously avoided the use of narcotics, but during the more active periods of pain, antikamnia in ten grain doses was found to be an efficacious obtunder." After describing the neurectomy, Prof. Bernays says: "Eight weeks have now elapsed since the operation, and no recurrence of the trouble has taken place."

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As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. Fellows."

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Medical Letters may be addressed to:

Mr. FELLOWS, 48 Vesey St., New York.

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OF

Mississippi.

A Monthly Journal of Medicine and Surgery.

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Pneumonia Following La Grippe.

BY M. E. CHARTIER,

Docteur en Médecine de la Faculté de Médecine de Paris, Membre Correspondant étranger de la Grande Encyclopédie, Section de Philologie.

As a rule certain diseases prove more fatal, not only in given districts, but during certain periods of time, along particular areas of territory. We have La Grippe, decreasing in intensity for the present; it has been replaced by pneumonia, which is not only raging in the United States, but in European countries. The bacteriologists will have to explain this fact; the truth remains however, that the mortality from pneumonia in its various forms is now far in excess of any previous record.

Twenty years ago, and preceding the re-appearance of La Grippe in its epidemic form, pneumonia proved as dangerous as it does at the present time. Many cases fell under my personal observation, and I must admit that my Parisian confreres were at a loss, not for a remedy for the disease alone, but even for a logical line of treatment. Dujardin-Beaumetz became so skeptical that he prescribed stimulants, regardless of therapeutical conditions. The mortality in his ward at the Hotel Dieu proved that his patients fared no worse than the others submitted to the antiphlogistic remedies then en vogue.

At that time, I advocated in my treatise on therapy, the administration of sulphate of codeine in two to five centigrammes doses—one-

fourth to one-half grain. Codeine is the only remedy known to me possessing a marked and distinct effect upon the hypersecretions of the bronchial mucous membrane. What I then wished was an analgesic possessing antipyretic properties, which I could safely use. This I have since found in antikamnia and I believe it can be exhibited safely, especially on account of its not having a depressing effect on the cardiac system.

Experimental doses of from one-half to one gramme—seven to fifteen grains—of antikamnia administered under ordinary conditions did not develop any untoward after-effect. The following trace, taken with the sphygmograph was made ten minutes after the administration of one gramme—fifteen grains—of antikamnia.



Pulse, 112. Temp., 101.5 Fahr.

The above trace shows plainly that unlike other coal-tar products, antikamnia has a stimulating effect upon the circulation. In this particular case the temperature was sensibly reduced—102° to 101.5°. The analgesic effect of the drug was satisfactory.

My conclusion is that in the treatment of pneumonia, the use of antikamnia is an absolutely necessary adjunct to codeine, on account of its analgesic and antipyretic properties and particularly because it acts as a tonic upon the nerve centres. The tablets of antikamnia and codeine containing four and three-quarter grains antikamnia and one-fourth grain sulphate of codeine, to my mind, present these two remedies in the most desirable form. I also find one tablet every hour, allowed to dissolve slowly in the mouth, almost a specific for the irritation caused by other met with in these complications. For general internal medication, it is always best to crush the tablets before administration.

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A Remedy in Nervous Disorders when Characterized by Melancholia.

—Mode of Exhibition.—

The "Reference Book of Practical Therapeutics," by Frank P. Foster, M. D., Editor of *The New York Medical Journal*, which has recently been issued by D. Appleton Co., of New York City, contains an article of which the following is an excerpt, which we feel expresses the consensus of medical opinion as adduced by actual results: "Antikamnia is an American preparation that has come into extensive use as an analgetic and antipyretic. It is a white, crystalline, odorless powder, having a slightly aromatic taste, soluble in hot water, almost insoluble in cold water, but more fully soluble in alcohol.

"As an antipyretic it acts rather more slowly than antipyrine or acetanilide, but efficiently, and it has the advantage of being free, or almost free from any depressing effect on the heart. Some observers even think that it exerts a sustaining action on the circulation. As an analgetic it is characterized by promptness of action and freedom from the disagreeable effects of the

narcotics. It has been much used, and with very favorable results in neuralgia, influenza and various nervous disorders characterized by melancholia. The dose of antikamnia is from three to ten grains, and it is most conveniently given in the form of tablets."

We may add, that the best vehicles, in our experience, for the exhibition of antikamnia are Simple Elixir, Adjuvant Elixir or Aromatic Elixir, as also brandy, wine or whiskey. It can also be readily given in cachets or capsules, but preferably tablets, as well as dry on the tongue in powder form, followed by a swallow of water. When dispensed in cachets or capsules it should be put into them dry. Antikamnia tablets should be crushed when very prompt effect is desired and patients should always be so instructed. The conditions of the stomach frequently present unfavorable solvent influences and they can be thus overcome.

—Notes New Pharm. Products.

In Pneumonia where there is Restlessness.

R. Antikamnia (Genuine).....	3 ij
Tinct. Digitalis.....	3 iss
Syrup Doveri.....	3 ii
Mx. Sig.:—Teaspoonful every 3 to 6 hours.	

In Painful Dysmenorrhoea.

R. Antikamnia (Genuine).....	5 j
Brom. Potass.....	5 ij
Elix. Auranti.....	3 ij
Mx. Sig.:—One or two teaspoonfuls every hour in water.—Dunglison's Clinical Record.	

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Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt: it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, *finds that no two of them are identical*, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, *in the property of retaining the strychnine in solution*, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. Fellows."

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles: the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

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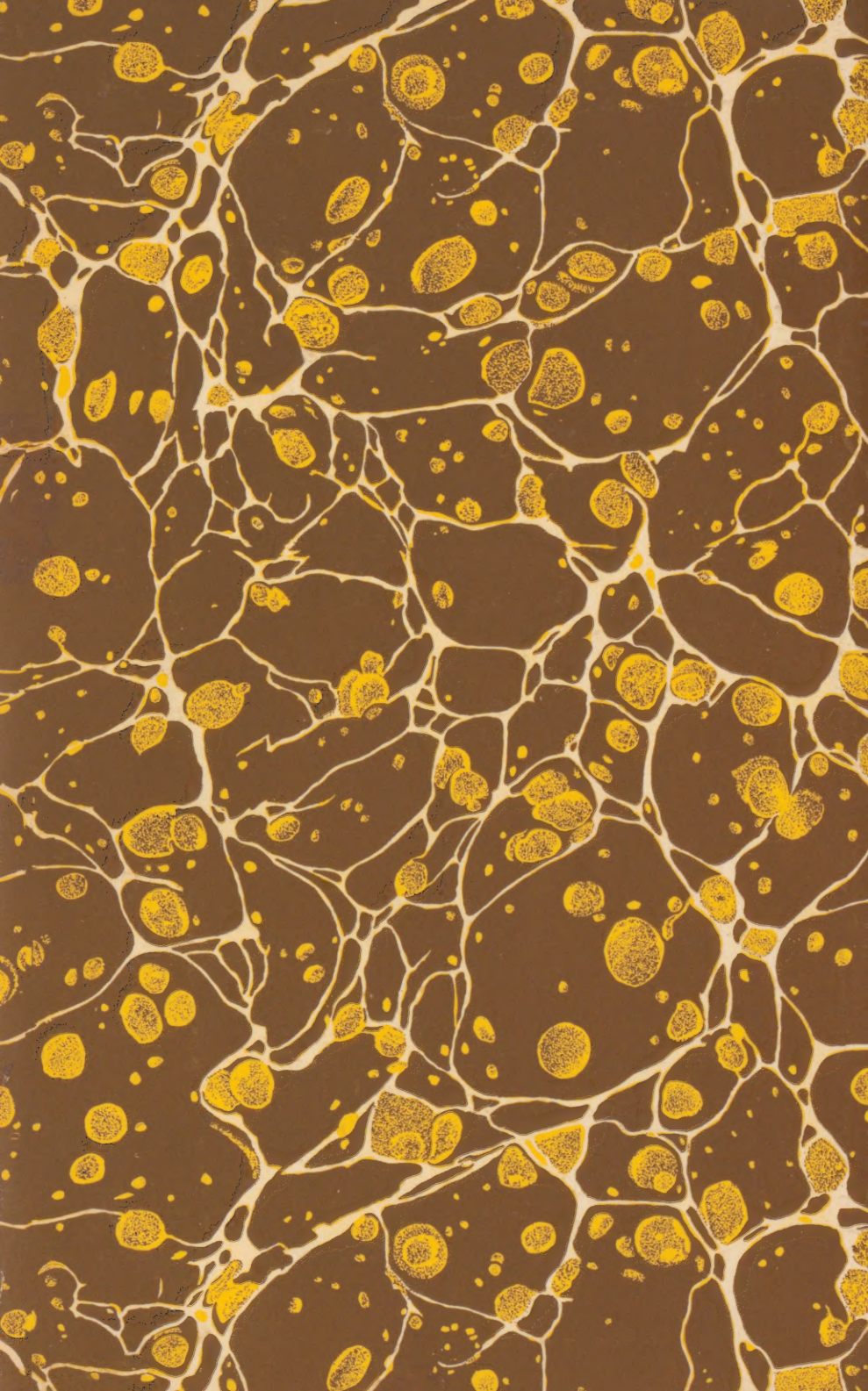
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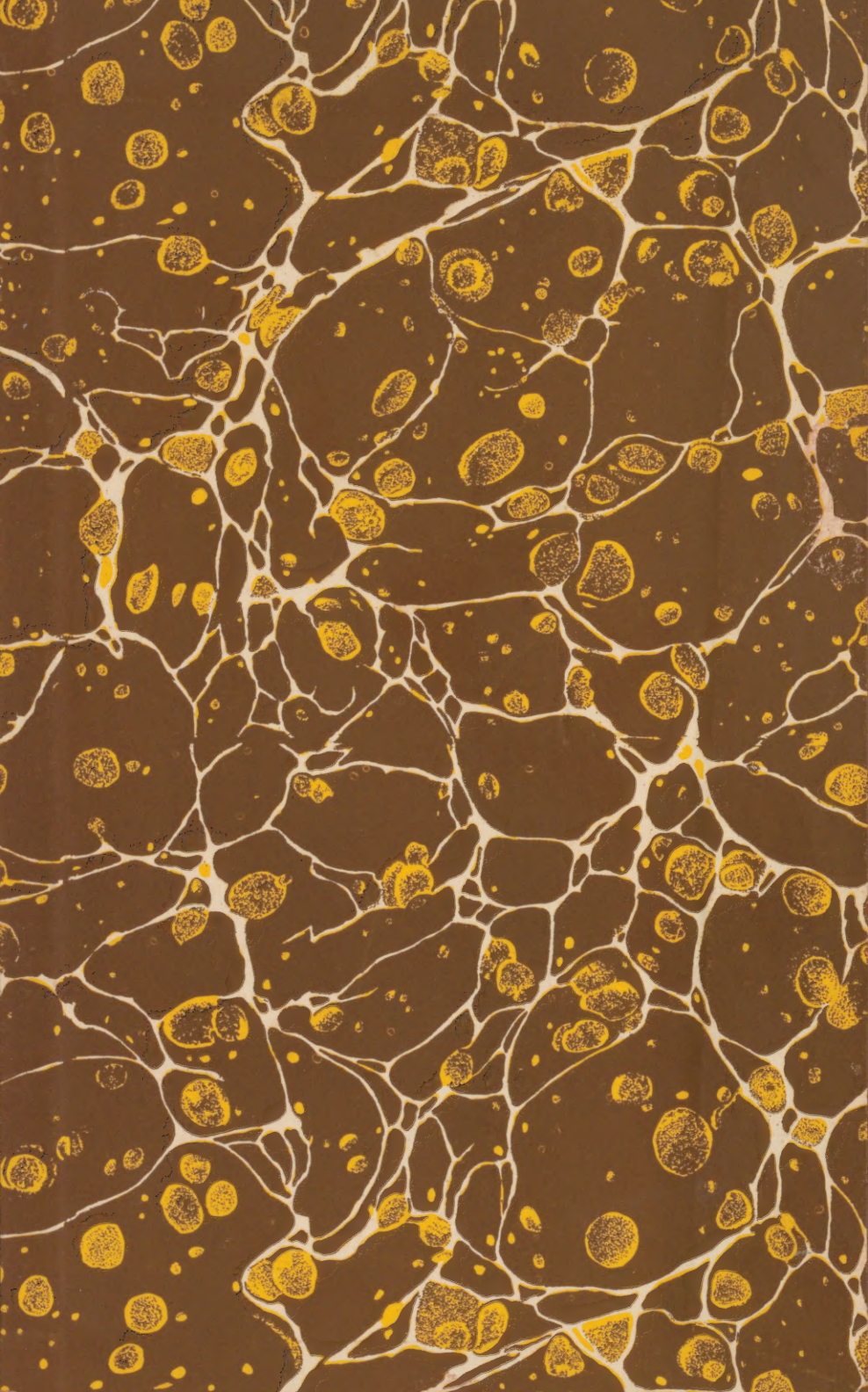
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